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**National Highway
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TRANSPORTATION RESEARCH CENTER

Indiana University
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ON-SITE AIR BAG INVESTIGATION

CASE NO. - 90-03
FLEET - CORPORATE VEHICLE
LOCATION - [REDACTED], INDIANA
ACCIDENT DATE - [REDACTED], 1990

Submitted By:

[REDACTED]
Senior Staff Associate

[REDACTED] 1990

Contract Number: DTNH22-87-C-07169

Prepared for:

U.S. Department of Transportation
National Highway Traffic Safety Administration
National Center for Statistics and Analysis
Washington, D.C. 20590

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"This research was supported (in part) by the National Highway Traffic Safety Administration (NHTSA), U.S. Department of Transportation, under Contract Number DTNH22-87-C-07169. The opinions, findings, and recommendations contained herein are those of the authors, and do not necessarily represent those of the NHTSA".

1. Report No. TRC/IU Case No. 90-01		2. Government Accession No.		3. Recipient's Catalog No.	
4. Title and Subtitle On-Site Air Bag Investigation Fleet - Corporate Vehicle Location - Wheeling, Indiana				5. Report Date December 1989 , 1990	
				6. Performing Organization Code	
				8. Performing Organization Report No. TRC/IU 90-03, Task 0070	
7. Author(s) James H. Hightower				10. Work Unit No. (TRAIS)	
9. Performing Organization Name and Address Indiana University Transportation Research Center SPEA Building, Room 430 Bloomington, Indiana 47405				11. Contract or Grant No. DTNH22-87-C-07169	
				13. Type of Report and Period Covered September 1989 , 1990	
12. Sponsoring Agency Name and Address U.S. Department of Transportation (NRD-32) National Highway Traffic Safety Administration National Center for Statistics and Analysis Washington, D.C. 20590				14. Sponsoring Agency Code	
15. Supplementary Notes On-site air bag deployment investigation involving a 1990 Ford Taurus GL					
16. Abstract This report covers an on-site investigation of an air bag deployment collision that involved a 1990 Ford Taurus GL station wagon. The Taurus was traveling west in the westbound lane of a two-lane, undivided county roadway. The Taurus went onto the north shoulder to avoid a noncontact vehicle. It reentered, crossed, and exited the roadway onto and through the south shoulder. The right side of the case vehicle impacted a medium-sized tree located on the south roadside causing the driver side supplemental restraint system (air bag) to deploy. Subsequently, the case vehicle contacted several small trees with its front bumper and rolled over onto its top coming to rest facing south-southeast. In addition to the air bag, the driver was also wearing the available 3-point lap and shoulder belt; he sustained a sprained right knee. The right front passenger was not wearing her available 3-point lap and shoulder belt and sustained fatal injuries which included: fracture/dislocation of the atlanto-occipital joint, five fractured right side ribs, and lacerations to her right lung, liver, spleen, and abdominal aorta.					
17. Key Words Air Bag Motor Vehicle Traffic Accident Deployment Injury Severity			18. Distribution Statement General Public		
19. Security Classif. (of this report) Unclassified	20. Security Classif. (of this page) Unclassified		21. No. of Pages 91	22. Price	

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TRC/IU ON-SITE AIR BAG INVESTIGATION

TRC/IU CASE NO. 90-03

FLEET - CORPORATE VEHICLE
LOCATION ██████████, INDIANA

Summary

This report concerns a single motor vehicle off-road accident involving an air bag equipped 1990 Ford Taurus station wagon occurring on ██████████, 1990 at ██████████ on a ██████████ near ██████████, Indiana.

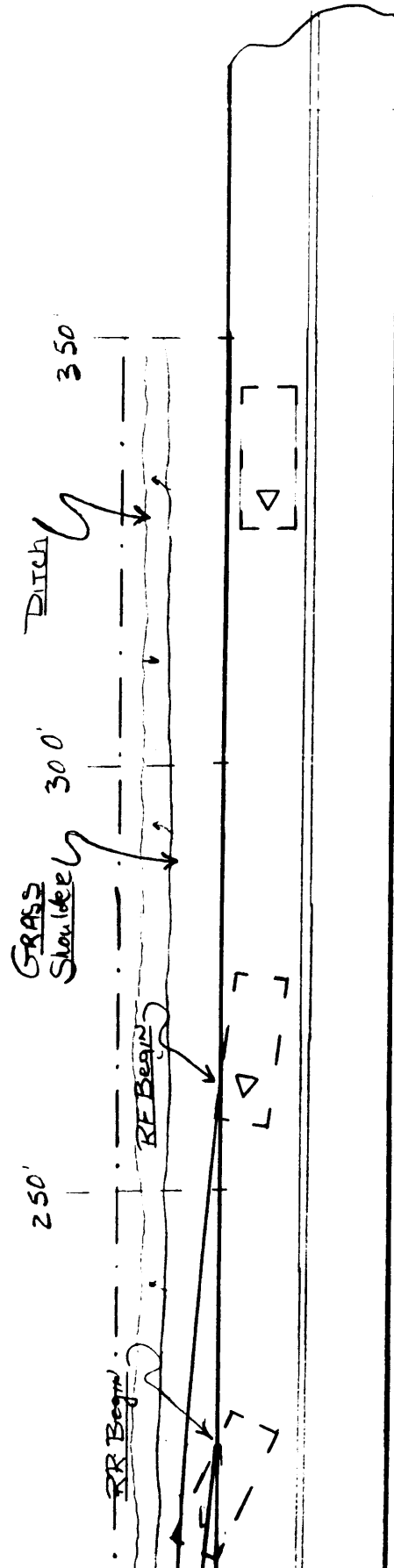
The Taurus was traveling west in the westbound lane of a two-lane undivided roadway when it swerved right to avoid a head-on collision with a non-contact vehicle which was traveling east on the same roadway. The Taurus entered the grassy shoulder on the north side of the road in order to avoid striking the on-coming vehicle. The Taurus reentered the roadway in a counterclockwise rotation. It crossed the roadway and the grassy shoulder on the south side of the roadway while continuing to rotate counterclockwise; it impacted and uprooted a medium-sized tree. The Taurus subsequently hit several small trees and rolled over coming to rest on its top facing south-southeast.

The right front door of the Taurus impacted the medium-sized tree. The front bumper impacted the small trees. CDCs were determined to be: 61-RPAW-5, 09-FDLS-1, and 00-TDDO-1'. The CRASHPC reconstruction program was not used on the Taurus's medium-sized tree impact because the tree was uprooted and therefore could not be treated like an immovable barrier.

The 1990 Ford Taurus was equipped with a driver supplemental restraint system (air bag) which deployed as a result of the right side impact. The driver of the vehicle (43 year-old male) was also restrained by the active three-point lap and shoulder belt. He sustained a sprained right knee. The driver of the Taurus was listed on the Police Accident Report as sustaining a "B" (nonincapacitating-evident) injury as a result of this accident. The passenger (33 year-old female) in the Taurus was not wearing the available active three-point lap and shoulder belt. She sustained a fracture/dislocation of the atlanto-occipital joint, five right side rib fractures, and lacerations of her abdominal aorta, spleen, liver, and right lung. She was listed on the Police Accident Report as sustaining a "K" (fatal) injury.

← NORTH →

Scale:
1 inch = 20 feet

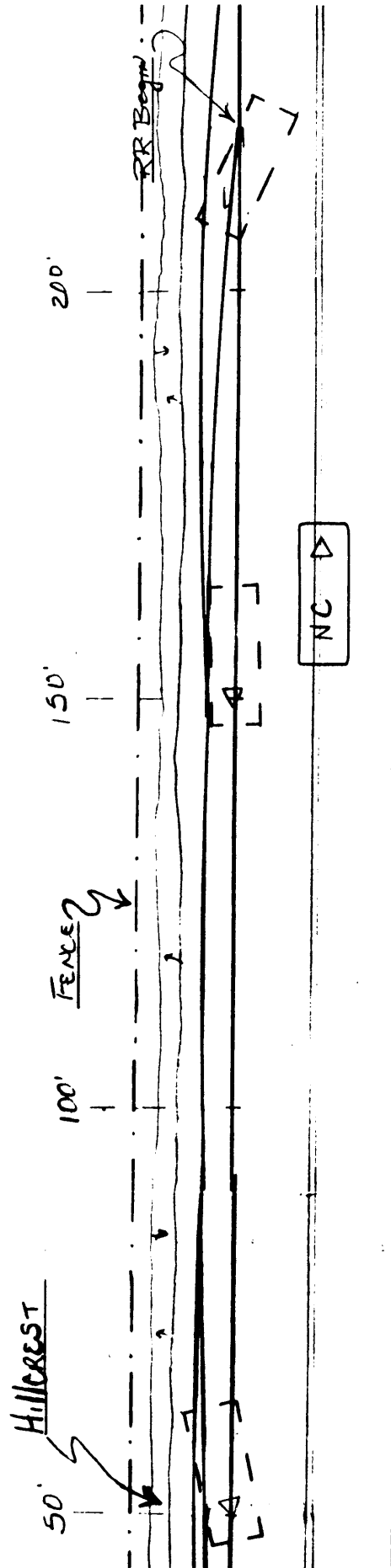


ACCIDENT SCHEMATIC
Page 2 of 4

TRC/IU CASE NO. 90-03

← NORTH →

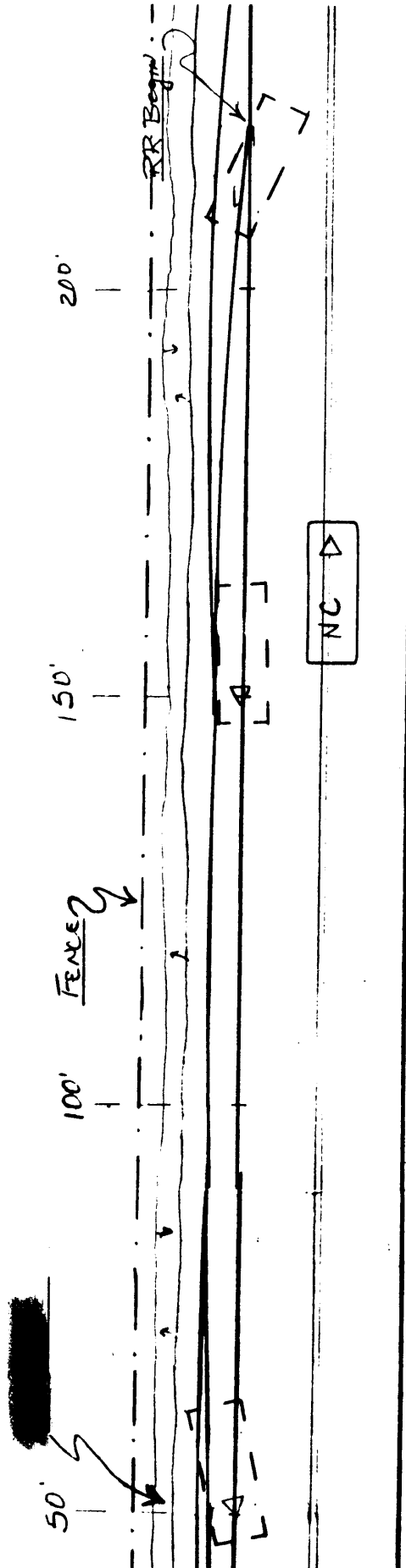
Scale:
1 inch = 20 feet



TRC/IU CASE NO. 90-03

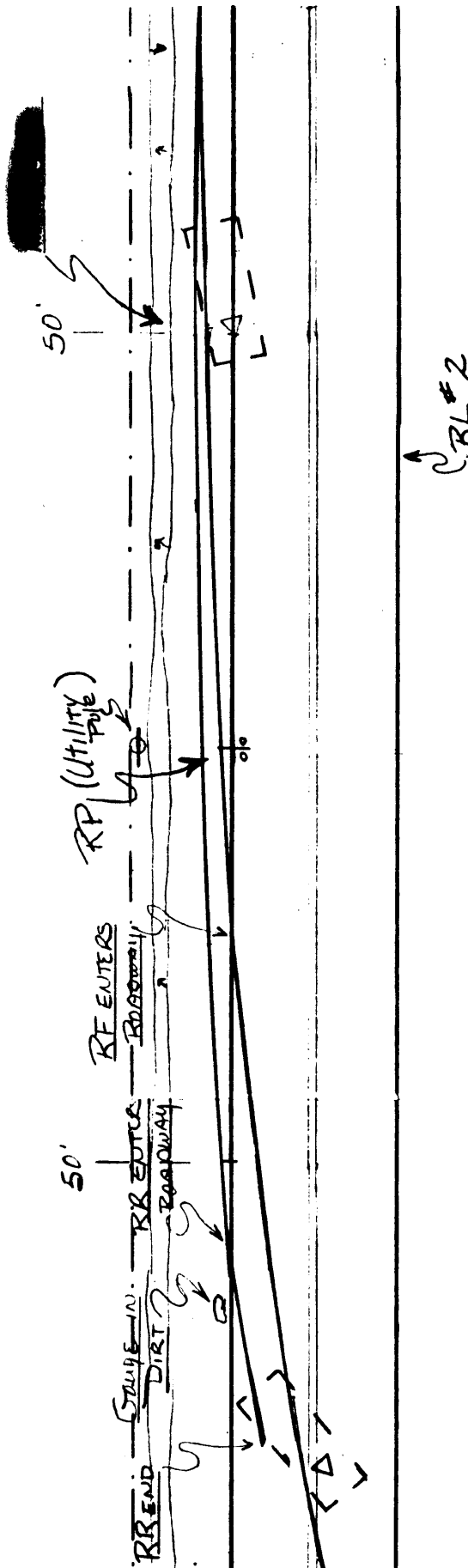
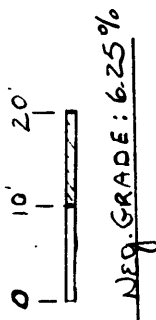
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Scale:
1 inch = 20 feet



← NORTH →

Scale:
 1 inch = 20 feet



TRC/IU ON-SITE AIR BAG INVESTIGATION

TRC/IU CASE NO. 90-03

FLEET - CORPORATE VEHICLE
LOCATION ~~REDACTED~~, INDIANA

ACCIDENT DATA

Location/Street: County Road
City/Township: ~~REDACTED~~ Indiana
Area/Type: Rural/Agricultural
Accident Date/Time: ~~REDACTED~~, 1990 @ ~~REDACTED~~
Investigating Police Agency: ~~REDACTED~~ Sheriff Department
Accident Type: Car - ran-off-road fixed object
Occupant Injury Severity
(air bag vehicle): Laceration abdominal aorta (AIS-4)
(Front-right passenger)

AMBIENT CONDITIONS

Light conditions: Daylight
Weather Condition: Overcast
Precipitation: None (had rained earlier in morning)
Road Surface: Dry

ROADWAY

Case Vehicle

Location: County road
Number of Travel Lanes: 2-lanes, undivided
Width: 20 feet
Surface Type: Asphalt
Median: None
Shoulders: Grass
Vertical alignment: Negative grade: 6.25 percent

ROADWAY (CONT'D.)**Case Vehicle**

Horizontal alignment:	Straight
Estimated Coefficient of Friction:	.71 asphalt .45 wet grass
Traffic Density:	Moderate

TRAFFIC CONTROLS**Case Vehicle**

Signals:	None
Signs:	None
Markings:	Double yellow center lines
Speed Limit:	55 m.p.h.

VEHICLES**Case Vehicle**

Year:	1990
Make:	Ford
Model:	Taurus GL
Body Type:	Station Wagon
V.I.N.:	1FACP5745LG-----
Color:	Gray
Mileage:	22,281
Engine:	V-6, 3.8 liter
Transmission:	Automatic
Steering:	Power-assisted, rack-and-pinion
Brakes:	Power-assisted front disc brakes, rear drum brakes
Padding:	Dash, steering wheel, doors

VEHICLES (CONT'D.)

	<u>Case Vehicle</u>
Active Restraints:	Front and rear, 3-point lap and shoulder
Passive Restraints:	Factory installed driver supplemental restraint system (air bag)
Defects:	None
Fleet:	Corporate vehicle
Tow status:	Towed due to damage

VEHICLE DAMAGE**Exterior****Case Vehicle****Deployment Impact**

Event number:	1
Object Struck:	Medium-sized Tree
Damage location	
Damaged Plane:	Right
Vertical Location	
On Plane:	Mid-door
Direct Begins:	36.50 inches forward of right-rear axle
Length Direct:	14.00 inches
Field L:	42.00 inches
C ₁ :	2.50 inches
C ₂ :	16.00 inches
C ₃ :	34.00 inches
C ₄ :	28.50 inches
C ₅ :	15.00 inches
C ₆ :	7.25 inches
D:	+ 2.0 inches
Maximum Crush:	34.00 inches
Location:	C ₃
CDC:	61-RPAW-5
Damaged Components:	Right-front door, roof, windshield

1st Nondeployment Impact

Event number:	2
Object Struck:	Small trees

VEHICLE DAMAGE (CONT'D.)**Exterior (Cont'd.)****Case Vehicle****1st Nondeployment Impact (Cont'd.)**

Damage location

Damaged Plane:	Front
Vertical Location	
On Plane:	Bumper level
Length Direct:	60.0 inches
Direct Begins:	Right-front bumper corner
Field L:	60.0 inches
C1:	2.0 inches
C2:	0.5 inch
C3:	0.0 inches
C4:	0.0 inches
C5:	0.0 inches
C6:	0.0 inches
D:	0.0 inches
Maximum Crush:	2.0 inches
Location:	C1

CDC: 09-FDLS-1

Damaged Components: Front bumper

2nd Nondeployment Impact

Event number: 3

Object Struck: Ground

Damage location

Damaged Plane:	Top
Vertical Location	
On Plane:	Not applicable
Length Direct:	Not applicable
Direct Begins:	Not applicable
Field L:	Not applicable
C1:	Not applicable
C2:	Not applicable
C3:	Not applicable
C4:	Not applicable
C5:	Not applicable
C6:	Not applicable
D:	Not applicable
Maximum Crush:	Scratches
Location:	Roof

CDC: 00-TDD0-1

Damaged Components: Left-rear side glass

VEHICLE DAMAGE (CONT'D.)**Interior**

Damaged Components: Instrument panel and glove box, right-front passenger's seat, sunvisors, floor, right-front interior light, ashtray

Other Evidence of Occupant Contact: Blood/hair on interior rooflight; blood on roof; scuffs: right-front arm rest, upper A-pillar, B-pillar, right-front interior door surface, glovebox door, right-side roof rail

Manual Restraint System Failures: None

Seat Performance Failures: Driver's right side seatback anchor is pulled away from cushion; right-front seat back deformed rearward and seat cushion deformed laterally

Repair

Cost Estimate: Vehicle was a total loss

VEHICLE VELOCITY ESTIMATES

<u>Highest Delta "V"</u>	<u>Case Vehicle</u>
Reconstruction Program:	None
Program Algorithm:	Not applicable
Travel Speed:	45-50 (Driver estimate)
Total Delta "V":	Unknown
Longitudinal Delta "V":	Unknown
Lateral Delta "V":	Unknown

COLLISION SEQUENCE

Pre-Crash: The case vehicle (Taurus) was traveling west in the westbound lane of a two-lane undivided county roadway. A noncontact vehicle was traveling east on the same roadway. As the noncontact vehicle crested the hill the driver of the case vehicle perceived the noncontact vehicle to be traveling in the middle of the roadway and swerved right onto the grassy shoulder on the north side of the road in order to avoid striking the noncontact vehicle. While attempting to return to the roadway,

COLLISION SEQUENCE (CONT'D.)

the case vehicle began to rotate in a counterclockwise fashion. The rotation was accelerated as the grassy shoulder became level as the vehicle crested the hill. The case vehicle crossed the roadway and the grassy shoulder on the south side of the roadway while continuing to rotate counterclockwise. The accident occurred on the south roadside. The noncontact vehicle continued on and was not identified.

Crash: The right front door of the case vehicle impacted a medium-sized tree causing the driver side supplemental restraint system (air bag) to deploy. The case vehicle subsequently hit several small trees and rolled over coming to rest on its top facing south-southeast.

Post-Crash:

Occupants: The driver of the case vehicle remained inside the vehicle at final rest. He was conscious though somewhat disoriented as a result of the accident. The driver remained belted in an upside down position since the vehicle was on its top at final rest. He was able with the assistance of passersby who pried open the left-rear door to exit the case vehicle. The right-front passenger remained inside the vehicle at final rest and was found lying on the roof of the vehicle. She was unconscious and was unable because of her injuries to exit the case vehicle.

Police: The investigating police agency was notified of the accident within four minutes and arrived on-scene within fourteen minutes. Traffic control procedures were established and emergency medical and towing services were called to assist.

Rescue: The driver was transported by ambulance to a medical facility where he was treated and released. The right-front passenger was pronounced dead at the scene. She was subsequently transported to a medical facility where an autopsy was performed.

Removal: Following the police investigation, the case vehicle was towed from the scene.

HUMAN FACTORS/OCCUPANT DATA

	<u>Case Vehicle</u>
<u>Driver:</u>	43 year-old male
Height:	71 inches
Weight:	205 pounds
Occupation:	Sales representative

HUMAN FACTORS/OCCUPANT DATA (CONT'D.)**Case Vehicle**

Active Restraint System/Usage: 3-point lap and shoulder/used

Usage Source: Driver interview/medical records

Eye glasses/contacts: None

Vehicle Familiarity: Eight months

Route Familiarity: First time on trafficway

Trip Plan: Attend a festival in another county

Manner of Leaving Scene: Ambulance

Type of Medical Treatment: Treated and released

Passenger: 33 year-old female

Seated Position: Front-right

Height: 67 inches

Weight: 120 pounds

Active Restraint System/Usage: 3-point lap and shoulder/not used

Usage Source: Driver interview/Police Accident Report

Manner of Leaving Scene: Ambulance

Type of Medical Treatment: None - Dead at scene

DRIVER INJURIES

<u>Injury</u>	<u>Severity (OIC/AIS)</u>	<u>Source</u>
Sprain right knee	KRSJ-1	Center instrument panel

PASSENGER INJURIES

<u>Injury</u>	<u>Severity (OIC/AIS)</u>	<u>Source</u>
Fracture/dislocation of atlanto-occipital joint	NPZV-2	Roof side rail

PASSENGER INJURIES (CONT'D.)

<u>Injury</u>	<u>Severity (OIC/AIS)</u>	<u>Source</u>
		<u>Right-side door interior surface excluding hardware</u>
Fracture right 5-9 ribs	CRFS-4	
Laceration abdominal aorta	MCLA-4	
Laceration right lung	CRLP-3	
Laceration liver	MRLL-2	
Laceration spleen	MLLQ-2	

DRIVER KINEMATICS

The driver of the case vehicle was seated in an upright position using the available active 3-point lap and shoulder restraint. The driver steered the case vehicle as evidenced by the vehicle's right roadside departure and subsequent reentry onto the roadway. There is no evidence or driver indication of braking during the vehicle's travel on either the north grassy shoulder or on the south grassy shoulder near impact.

The driver moved toward the center of the instrument panel as a result of the vehicle's impact with the medium-sized tree. The active restraint worn by the driver and the air bag prevented him from contacting the windshield, steering wheel, upper instrument panel, or front-right passenger. Evidence indicates the driver contacted the lower center instrument panel and the air bag.

The impact with the several small trees occurred right after the main impact and was of little consequence energy-wise. This impact probably did not change the driver's kinematics. During the rollover the driver remained restrained by the 3-point lap and shoulder belt which held him essentially in place throughout the roll. At final rest the driver was held by the active restraint system in an upside-down position as the vehicle came to rest on its top.

PASSENGER KINEMATICS

The front-right passenger in the case vehicle was seated in an unbelted upright posture. During the vehicle's counterclockwise rotation and the driver's steering maneuvers the passenger's posture probably changed very little. The passenger most likely loaded into the front-right door.

At impact the passenger heavily loaded the right-front door and roof side rail area as they were being crushed inward toward her. This kinematic pattern is consistent with the right side injuries she sustained. The passenger probably rebounded backwards against the her seatback or the driver due to the extensive intrusion into her occupant space. Once again, the impact with the several small trees made little or no difference in her movements. During the

PASSENGER KINEMATICS (CONT'D.)

roll the passenger reloaded the right-front door area with her head upwards against the roof.

At final rest the passenger was lying on the roof under the driver.

AIR BAG SYSTEM

Deployment Threshold:	Unknown
Airbag Diameter (seam-to-seam, deflated):	24 inches
Number of Vent Holes:	Two
Vent Hole Diameter:	Not measured
Vent Hole Clock Positions:	3 and 9 o'clock
Generant Residue:	None noted

SELECTED PRINTS



01 -- 1990
 Indiana
 TRC/IU: 90-03, Task: 0070
 Path of travel & departure



02 -- 1990
 Indiana
 TRC/IU: 90-03, Task: 0070
 Right tire scuffs in reentry



03 -- 1990
 Indiana
 TRC/IU: 90-03, Task: 0070
 Right scuffs in CCW rotation



04 -- , 1990
 Indiana
 TRC/IU: 90-03, Task: 0070
 Broadside slide into impact



05 -- , 1990
 Indiana
 TRC/IU: 90-03, Task: 0070
 Looking back from impact



06 -- , 1990
 Indiana
 TRC/IU: 90-03, Task: 0070
 Taurus left frontal view



07 -- 1990
Indiana
TRC/IU: 90-03, Task: 0070
Front left leftside view



08 -- 1990
Indiana
TRC/IU: 90-03, Task: 0070
Rear left rearside view



09 -- 1990
 Indiana
 TRC/IU: 90-03, Task: 0070
 Full view of rear plane



10 -- 1990
 Indiana
 TRC/IU: 90-03, Task: 0070
 Right rear rightside view



11 -- , 1990
 Indiana
 TRC/IU: 90-03, Task: 0070
 Right front rightside view



12 -- 1990
 Indiana
 TRC/IU: 90-03, Task: 0070
 Closeup of tree impact



13 -- 1990
 Indiana
 TRC/IU: 90-03, Task: 0070
 Front right frontal view



14 -- 1990
 Indiana
 TRC/IU: 90-03, Task: 0070
 Sky view from left side



15 -- 1990
 Indiana
 TRC/IU: 90-03, Task: 0070
 Sky view from right side



16 -- 1990
 Indiana
 TRC/IU: 90-03, Task: 0070
 Interior viewed from rear

SLIDE INDEX

SLIDE INDEX

Slide No.	Description	Direction
1	Path of vehicle travel, and location where vehicle departs onto right shoulder (yellow flags equal right side tires; red flags equal left side tires)	West
2-7	Right side of vehicle on north shoulder; vehicle is in a slight counterclockwise yaw	West
8	Right side of vehicle reenters roadway from north shoulder	West
9,10	Right side tires mark on roadway--vehicle continues in counterclockwise rotation	West
11-14	Vehicle departs south side of roadway while continuing its counterclockwise rotation into impact with tree (cone represents original location of tree)	West
15-16	Looking back from point of impact with tree	East
17	Looking back from area where vehicle first departed onto north shoulder	East
18-27	Overview of exterior damage to case vehicle (counterclockwise direction around vehicle)	
28-30	Front damage with contour gauge in place	
31,32	Sky view showing crush to right front door area	
33-36	Crush documentation with contour gauge in place	
37	Contour rod depicts Principal Direction of Force (PDOF approximately 30-40 degrees) of tree into right front door	
38	View showing height of direct contact damage	
39-41	Damage to windshield with areas of "holed" glazing	
42-45	Interior of case vehicle showing deployed air bag and area of intrusions	

SLIDE INDEX

Slide No.	Description	Direction
46-52	Interior showing right side intrusions and occupant contacts	
53,54	Left rear door: latch/striker-damage, damaged during extraction	



IN 9003 #1



IN 9003 #2



IN 9003 #3



IN 9003 #4



IN9003 #5



IN 9003 #6



IN9003 #7



IN 9003 #8



IN 9003 #9



IN 9003 #10



IN 9003 #11



IN9003 #12



IN 9003 #13



IN 9003 #14



IN9003 #15



IN 9003 #16



IN 9003 #17



IN 9003 #18



IN 9003 #19



IN 9003 #20



IN 9003 #21



IN 9003 #22



IN 9003 #23



IN 9003 #24



IN 9003 #25
Best Available



IN 9003 #26



IN 9003 #27



IN 9003 #28



IN 8003 #29



IN 9003 #30



IN9003 #31



IN 9003 #32



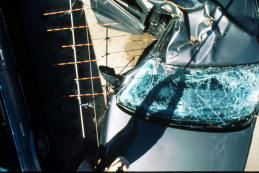
IN 9003 #33



IN 9003 #34



IN 9003 #35



IN 9003 #36



IN 9003 #37



IN 9003 #38
Best Available



IN 9003 #39



IN 9003 #40
Best Available



IN 9003 #41



IN 9003 #42
Best Available



IN 9003 #43
Best Available



IN 9003 #44
Best Available



IN 9003 #45
Best Available



IN 9003 #46
Best Available



IN 9003 #47
Best Available



IN 9003 #48
Best Available



IN 9003 #49
Best Available



IN 9003 #50
Best Available



IN 9003 #51



IN 9003 #52
Best Available



IN 9003 #53



IN 9003 #54

Accident Collision Measurement Table



U.S. Department of Transportation
National Highway Traffic Safety
Administration

ACCIDENT COLLISION MEASUREMENT TABLE

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number 10

Case Number - Stratum 9003

ACCIDENT COLLISION DIAGRAM		CRASH DATA		
LEVEL I PHYSICAL EVIDENCE ABSENT To be accomplished when there is no physical evidence present at the scene: *approximate vehicle orientation at impact and final rest *applicable road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, etc.) *applicable traffic controls (e.g., speed limit) *north arrow placed on diagram *sketch required	LEVEL II (Cont'd) accomplished when physical evidence is present: *document reference point and reference line relative to physical features present at the scene *scaled documentation of all accident induced physical evidence *scaled documentation of all roadside objects contacted *roadway surface type and condition of applicable roadway *grade measurements for all applicable roadways *scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either: a) physical evidence, or b) reconstructed accident dynamics	VEH. #1 VEH. #2 VEH. #3	Heading Angle	Surface Type
LEVEL II PHYSICAL EVIDENCE PRESENT In addition to the Level I tasks noted above, the following must be				Surface Condition
				Grade Measurement (v/h)

Reference Point: Utility Pole on N side of road

Reference Line: RL#1 N. Road edge
RL#2 S. Road edge

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
1 RF Vi leaves road - rt. shoulder	262.2 E	00
2 Midpt of RF on shoulder	219.9 E	3.4 N
3 ER leave road - rt shoulder	219.9 E	0.0
4 RF midpt. on shoulder	178.8 E	4.0 N
5 RR midpt. on shoulder	178.3 E	2.9 N
6 Gauge on rt. shoulder (middle)	166. E	1.4 N
7 RR midpt. on shoulder	150. E	3.5 N
8 RF midpt on shoulder	150. E	3.5 N
9 RR diverge from RF	100. E	3.7 N
10 RF diverge from RR	100. E	3.7 N
11 RR midpt on shoulder	50. E	4.5 N
12 RF midpt on shoulder	50 E	2.5 N

RL#1

RL# 2

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
13. RF enters roadway	25. W	20. N
14. RE midpt on shoulder	25. W	22.2 N
15. RF midpt on roadway	62.0 W	15.3 N
16. RR enters roadway	62.0 W	20.0 N
17. Hedge (3.5 x 1.5) mid O	67.8 W	20.5 N
18. RE scuffs end in road	82.8 W	16.3 N
19. LF leave road, enter left shoulder	118.7 W	0.0
20. Ditch on left shoulder (6" x 12")	128.5 W	2.3 S
21. RF leave road onto left shoulder	132. W	0.0
22. LR leave road	143.5 W	0.0
23. RR leave road	151.2 W	0.0
24. LR midpt on shoulder	155.5 W	5.3 S
25. RF midpt	155.5 W	10.2 S
26. LF midpt	155.5 W	13.5 S
27. Ditch (3.0 x 3.0) in dirt	165.1 W	14.4 S
28. RR midpt	180.0 W	9.6 S
29. LR midpt	180.0 W	11.6 S
30. RF midpt.	180. W	18.0 S
31. LF midpt.	190.0 W	20.2 S
32. RR ends	195.1 W	13.8 S
33. LR ends	195. W	16.9 S
34. RF ends	196.7 W	23.2 S
35. LF ends	199.0 W	25.0 S
36. Tree stump (mid-section)	200.4 W	20.7 S
37. Small tree	198.1 W	27.4 S
38. Midpt. of final rest area	214.1 W	20.5 S
39. Road width = 20.1		

Appendix A:

Police Accident Report

INDIANA OFFICER'S STANDARD ACCIDENT REPORT

OFFICE USE ONLY

Accident I D No

Mail to: Indiana State Police, Accident Records Section

Date of Accident MAY 20 1990	Day of Week SAT	Actual Local Time 11:00 AM	No. Motor Vehicles 1	No. Injured 1	No. Dead 1	No. Trained /
County CLATSOP	Township CLATSOP	City/Town or Nearest City/Town CLATSOP				
Inside Corporate Limits? Property?		Distance and Direction From Corporate Limits				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Private <input checked="" type="checkbox"/> Other		3 1/2 Miles North _____ Miles South 1 1/2 Miles East _____ Miles West				
Road Accident Occurred On CR 100N	Intersecting Road/Mile Marker/Interchange /					
If not at Intersection, number of feet from 68'	Direction East	Nearest Intersecting Road/Mile Marker/Interchange CR 100N				

Driver's Name (Last, First, MI) [REDACTED]			
Address (Street, City, State, Zip) [REDACTED]			
Apparent Phys. Stat. (enter no.) 1	Sex M	Date of Birth MONTH DAY YEAR [REDACTED]	Arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Driver's License No. [REDACTED]		Lic. Type OM	Lic. St. IN
Color GRY	Veh. Yr. 90	Make Ford	Model Name Taurus (4w)
Veh. Type (enter no.) 1	Lic. Yr. 90	License No. [REDACTED]	Lic. State IN
Veh. Use (enter no.) 1	Speed Limit 55	Fuel Tax No.	
Direction of Travel West	No. Occupants 2	Fire? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No. Axles 2
Towed To [REDACTED]		Transporting Hazardous Mat. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By [REDACTED]		Towed By [REDACTED]	

DRIVER 2	Driver's Name (Last, First, MI)									
	Address (Street, City, State, Zip)									
	Apparent Phys. Stat (enter no.)		Sex	Date of Birth MONTH DAY		YEAR	Arrested? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	Driver's License No.					Lic. Type	Lic. St.	Restr.		
VEHICLE 2	Color		Veh. Yr.	Make		Model Name				
	Veh. Type (enter no.)		Lic. Yr.	License No.				Lic. State		
	Veh. Use (enter no.)		Speed Limit	Fuel Tax No.						
	Direction of Travel		No. Occupants	Fire? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	No. Axes	Transporting Hazardous Mat. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Towed To			Towed By							

VEHICLE	Registered Owner's Name (Last, First, MI) [REDACTED]				
	Address (Street, City, State, Zip) [REDACTED]				
TRAILER	Registered Owner's Name (Last, First, MI) [REDACTED]				
	Address (Street, City, State, Zip) [REDACTED]				
License No		Make	Year	Lic. St.	Lic. Yr

VE	Registered Owner's Name (Last, First, MI)				
	Address (Street, City, State, Zip)				
TRAILER 2	Registered Owner's Name (Last, First, MI)				
	Address (Street, City, State, Zip)				
	License No	Make	Year	Lic St.	Lic. Yr

DAMAGE	INITIAL IMPACT		Areas Damaged (Multiples)			
	V1 4	V2				
	DAMAGE EST					
	V1 6	V2				
OTHER PROPERTY (INCLUDE CARGO)						
Name of Object		OWNER'S NAME AND ADDRESS				Damage Est (use chart)

Direction	Street/Highway	Arrested?	Apparent Phys. Stat. (enter no.)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
What was pedestrian doing before accident? Enter No.			
1 Not in roadway 2 Standing in roadway 3 Playing in roadway 4 Pushing or working on vehicle 5 Other working in roadway 6 Walking in roadway with traffic 7 Walking in roadway against traffic 8 Getting on or off vehicle 9 Getting on or off school bus 10 Crossing or entering at intersection 11 Crossing or entering at intersection 12 Other			
Pedestrian Traffic Control?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

16	17	18	19	20	21	22	23	24	25	26	27	28	29
		A											
		6	1	1	DRIVER OF VEHICLE 1 (as listed above)	B	5	4	1			2	1
					DRIVER OF VEHICLE 2 (as listed above)								
1	3	1	1				8	2	6		33	F	1
					K								

Diagram

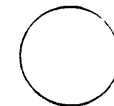
Indicate NORTH
by an arrow

Diagram Attached

NARRATIVE (Refer to Vehicle by Number)

Veh #1 was westbound on CR [REDACTED] north. Veh #1 went off the north side of the roadway to avoid Veh X which crested a hill and was left of center. Veh #1 reentered the roadway and driver lost control. Vehicle skid broadside thru the grass before striking a tree stump and flipped onto its top.

D1 Insured By [REDACTED]				D2 Insured By [REDACTED]			
Other Participant(s) Name, Address (etc.)							
Name of Witness No. 1				Address		Location at Time of Accident	
Name of Witness No. 2				Address		Location at Time of Accident	
Name of Person Arrested				I.C. Code(s)		Name of Person Arrested	
						I.C. Code(s)	
Time Notified	<input checked="" type="checkbox"/> AM	Time Arrived	<input checked="" type="checkbox"/> AM	Other Location of Investigation		Investigation Complete	Photos Taken
Assisting Officer				Hospital		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Assisting Officer [REDACTED]				I.D. No. [REDACTED]		Agency [REDACTED]	
Assisting Officer [REDACTED]				I.D. No. [REDACTED]		Agency [REDACTED]	
Signature [REDACTED]				I.D. No. [REDACTED]		Agency [REDACTED]	
						Driver Report Form Furnished	<input checked="" type="checkbox"/> D1 <input type="checkbox"/> D2

INITIAL CASE REPORT

SHERIFF

DEPARTMENT

Page 1 Of Case No.

Offense Death Investigation				Supervisory Correction No. 2 or 3			
Victim's Name (or if Business, list incorporated Name) [REDACTED]						Responsible Party	
Victim's Address (Street, City, State, Zip) [REDACTED]							
Victim's Sex F		Race W		DOB 33		SSN	
Describe Injury Multiple Traumatic/External				Place of Treatment Morgue			
Month of Occurrence 1990		Day 90		Time 90		AM/PM PM	
Received by PE		Reported by (Name) [REDACTED]		Home Phone [REDACTED]		Business Phone [REDACTED]	
Home Phone [REDACTED]		Exact Location of Offense 68 ft.					
Was there a witness to the crime? <input type="checkbox"/> No							

If marked YES, a supplemental page listing witnesses must be included.

 Suspect? ☐ Named ☐ Known ☐ Known Location ☐ Identified ☐ Previously Seen ☐ Description ☐ No

If marked YES, supplemental page required, giving information and explanation as to why person is listed.

 Vehicle Identified? ☐ Suspect ☐ Stolen ☐ Recipient ☐ Other ☐ No

 Veh. Make **Ford** Color **Gry** Yr **90** Model **Taurus** Body S **Wgh** Lic. Pl. **IN** Where Made **Northwest** VIN
☐ Significant M.O. or☐ Limited Opportunity to Commit the Crime?☐ No

Describe Significant M.O. and/or Limited Opp. Use Block Space in Narrative, if necessary.

Motive

 Was Item? ☐ Traceable Property ☐ Significant Physical Evidence? ☐ No

 Scene Processing ☐ Photo ☐ Fingerprint ☐ Other ☐ PE# Process Officer ☐ Forced Entry ☐ Yes ☐ No ☐ Describe force

PROPERTY STOLEN:	ID #	Value

NARRATIVE: On **90** at approximately **AM** the above vehicle was involved in an auto on **N** just east of **W**. The victim was a passenger in the above vehicle. The victim was pronounced dead at the scene by Coroner **See attached supplements and accident report.**

Initial Officer Status		Recommend to Continue		Victim's signature	
<input type="checkbox"/> Active <input type="checkbox"/> Suspended <input type="checkbox"/> Unfounded <input checked="" type="checkbox"/> Cleared		<input type="checkbox"/> Field <input type="checkbox"/> Investigation		Initial Officer's Name, PE, Date	
Field Supervisor Status		Recommend to Continue		Field Supervisor's Name, PE, Date	
<input type="checkbox"/> Agree <input type="checkbox"/> Disagree		<input type="checkbox"/> Field <input type="checkbox"/> Investigation <input type="checkbox"/> Suspend		Assigned Investigator Initial, PE, Date	
Investigative Coordinator		Investigative Coordinator Initial, PE, Date, Status		Assigned Investigator Initial, PE, Date	
<input type="checkbox"/> Field <input type="checkbox"/> Status Investigation					

SUPPLEMENTAL CASE REPORT

Page of <div style="display: inline-block; width: 40px; text-align: center;">2</div>		Case No. <div style="display: inline-block; width: 100px; height: 15px; background-color: black;"></div>
Offense Death Investigation		Supervisory Correction No. 2 or 3
Victim Name (or If Business Not Incorporated Name) <div style="display: inline-block; width: 150px; height: 15px; background-color: black;"></div>		Responsible Party
BLOCK SPACE	<p>On <div style="display: inline-block; width: 40px; height: 15px; background-color: black;"></div>-90 at approximately <div style="display: inline-block; width: 40px; height: 15px; background-color: black;"></div> AM I was notified of an auto accident on CR <div style="display: inline-block; width: 40px; height: 15px; background-color: black;"></div></p> <p>East of CR <div style="display: inline-block; width: 40px; height: 15px; background-color: black;"></div> W. I arrived at the scene at <div style="display: inline-block; width: 40px; height: 15px; background-color: black;"></div> AM. Upon arrival the scene was assessed, points of particular attention relative to accident reconstruction were noted. Tire prints from the vehicle were found in the grass off the north edge of the roadway. Tire marks were found coming back onto the roadway. These tire marks were curved and had striations, indicating that the vehicle sideslipped. These marks left the southside of the roadway and continued across a grassy area to a large clump of brush, small trees, and a large tree stump. The vehicle was sitting on its top in a brushy area. The victim was still in the vehicle. The scene was then measured by members of the accident reconstruction team.</p> <p>Officer <div style="display: inline-block; width: 40px; height: 15px; background-color: black;"></div> was assigned to supervise measurements and complete a scale diagram of the scene. Officer <div style="display: inline-block; width: 40px; height: 15px; background-color: black;"></div> took photographs of the scene and was assigned to complete the Ind. standard accident report. Officer <div style="display: inline-block; width: 40px; height: 15px; background-color: black;"></div> was assigned the task of obtaining a statement from the driver and a legal blood alcohol test from the same.</p> <p>As a result of evidence collected at the scene it was determined that the vehicle was travelling west on Cr <div style="display: inline-block; width: 40px; height: 15px; background-color: black;"></div> east of CR <div style="display: inline-block; width: 40px; height: 15px; background-color: black;"></div>. The vehicle left the northside of the road. The driver steered left to bring the vehicle back onto the road, over-correcting. the vehicle began to sideslip rotating counter-clockwise. the vehicle left the the southside of the road sliding thru a grassy area and struck a large tree stump that was surrounded by small trees and brush. The vehicle the overturned coming to rest on its top.</p> <p>A speed estimate of 44.5 MPH was made by using the critical speed formula. Results of a medical legal examination determined that the victim died from exsanguination due to multiple internal injuries that occurred as a direct result of the auto accident.</p> <p>The driver of the vehicle stated that he was forced off the road by an oncoming motor vehicle, possibly a Chev wagon, that was left of center as it crested the hill east of the accident scene.</p>	
Initial Officer's Status <input type="checkbox"/> Active <input type="checkbox"/> Suspended <input type="checkbox"/> Unfounded <input checked="" type="checkbox"/> Cleared		Recommend to Continue <input type="checkbox"/> Field <input type="checkbox"/> Investigative
Assigned Investigator Status <input type="checkbox"/> Active <input type="checkbox"/> Suspended <input type="checkbox"/> Unfounded <input checked="" type="checkbox"/> Cleared		Initial Officer's Name, PE, Date <div style="display: inline-block; width: 100px; height: 15px; background-color: black;"></div> <div style="display: inline-block; width: 40px; height: 15px; background-color: black;"></div> 90
Final Status (Investigative Coordinator)		Total Value Recovered (Dollar)

SUPPLEMENTAL CASE REPORT

Page of

Case No.

Offense

FATAL ACCIDENT INQUIRY

Supervisory Correction No. 2 or 3

Victim Name (or if Business Use, Incorporated Name)

Responsible Party

BLOCK
SPACE

N. ON THIS DATE, THIS OFFICER WAS SENT TO [REDACTED] HOSPITAL EMERGENCY ROOM REF TO [REDACTED] ON [REDACTED] & [REDACTED] EMTS BROUGHT IN [REDACTED] HE WAS THE DRIVER, OF A 1990 TARAUS WAGON.

N. BLOOD SAMPLES WERE TAKEN FOR ALCOHOL & DRUGS.

N. [REDACTED] STATED THAT HE WAS WB ON [REDACTED] W. OF [REDACTED]. AS HE TOPPED A HILL, HE [REDACTED] SAID A MARON CHEVY WAS IN HIS LANE OF TRAVEL. [REDACTED] STATED IF HE STAYED IN THE WB LANE, HE WOULD HAVE HIT THE MARON VEHICLE. HE STEERED RIGHT TO AVOID A COLLISION, LEAVING THE ROADWAY TO THE RIGHT. AFTER THE MARON VEHICLE GOT BY, [REDACTED] STEERED BACK TO LEFT. [REDACTED] SAID THE VEHICLE WENT BACK ACROSS THE ROAD, AND THATS WHEN THE ACCIDENT HAPPENED.

N. [REDACTED] STATED THAT AFTER THE ACCIDENT, A MAN & HIS SON HELPED HIM OUT OF THE VEHICLE.

Total Value Recovered (Station)

Initial Officer's Status

☐ Active ☐ Suspended ☐ Unfounded ☒ Cleared

Recommend to Continue

☐ Field ☐ Investigative

Initial

Assigned Investigator Status

☐ Active ☐ Suspended ☐ Unfounded ☐ Cleared

Final Status (Investigative Coordinator)

Signature of person giving voluntary statement

SUPPLEMENTAL CASE REPORT

Page of		Case No.
Offense FATAL ACCIDENT INVESTIGATION		Supervisory Correction No. 2 or 3
Victim Name (or if Business list Incorporated Name) [REDACTED] - DRIVER [REDACTED] - PASSENGER		Responsible Party
BLOCK SPACE	<p>ARRIVED AT [REDACTED] NORTH & [REDACTED] WEST AT 10:49 AM. SEVERAL [REDACTED] VOLUNTEERS WERE AT THE SCENE AND THEY WERE TRYING DOORS OPEN ATTEMPTING TO GET SUBJECTS OUT. THE MALE WAS GOTTEN OUT AS I WALKED UP TO THE CAR. HE WAS PLACED ON A BACK BOARD AND PLACED IN THE NORTH SIDE OF [REDACTED] NORTH. AN OBSERVER (SON OF VOLUNTEER) STATED THAT [REDACTED] TOLD HIM THAT A MARQUON CHEVELLE WAGON WAS LEFT OF CENTER AND HE SWERVED TO MISS IT. ANOTHER LADY CAME UP TO ME AND SAID SHE THOUGHT HE SWERVED TO MISS A DOG. [REDACTED] (SEE STATEMENT) COMMENTED TO HIM ^{AFTER} HE WAS ^{REMOVED FROM} VEHICLE ABOUT 006 AND HE MENTIONED THE MARQUON CHEVELLE WAGON TO HER. ATTEMPTS WERE CONTINUING TO EXTRACT FEMALE. ALSO [REDACTED] VOLUNTEER FIRE CHIEF TOLD ME WHEN I ARRIVED THAT SHE WAS BREATHING BUT IN BAD SHAPE. SEVERAL MINUTES LATER HE TOLD ME TO GET THE COLOUNDER. I TOOK A VOLUNTARY STATEMENT FROM [REDACTED] AT THE REQUEST OF [REDACTED] HER HUSBAND REVIEWED IT AND AGREED WITH IT. ALSO AT SCENE [REDACTED] 2 STATE POLICE UNITS AND ACCIDENT RECON. TEAM</p> <p>SEE ATTACHED SHEET FOR NAMES OF PEOPLE I TALKED WITH AT SCENE.</p>	
		Total Value Recovered (Status)
Initial Officer's Status <input checked="" type="checkbox"/> Active <input type="checkbox"/> Suspended <input type="checkbox"/> Unfounded <input type="checkbox"/> Cleared		Recommendation to Continue <input type="checkbox"/> Field <input type="checkbox"/> Investigative
Assigned Investigator Status <input type="checkbox"/> Active <input type="checkbox"/> Suspended <input type="checkbox"/> Unfounded <input type="checkbox"/> Cleared		Final Status (Investigative Coordinator) [REDACTED] 90

* Serious Or Fatal Accident Measurements *

RP2 = 8th N. of Pole # [REDACTED] ON SOUTH edge

* Reference Point Is : RP2 = 241' E. of RP1

Reference Point To Objects Below :	NORTH	SOUTH	EAST	WEST
Veh # 1 → INVERTED				
R FRONT		24 ⁴	58 ^b	
R REAR		17 ^b	57 ⁹	
L REAR		18 ³	50 ⁸	
Tree ^{TRUNK} - STRUCK by V#1				
at when struck		20 ¹¹	68 ³	
at REST under V#1		20 ¹¹	57 ⁹	
center of outside end		21 ³	61 ⁰	
Skids - IN grass Sides of Road				
L FRONT		24 ⁹	76 ⁹	
R FRONT		22 ^b	76 ⁹	
L REAR		15 ¹	76 ⁹	
R REAR		13 ¹⁰	76 ⁹	
L FRONT		19 ¹⁰	90 ⁹	
R FRONT		17 ⁷	90 ⁹	
L REAR		11 ¹	90 ⁹	
R REAR		9 ³	90 ⁹	
L FRONT			153 ⁹	
R FRONT			145 ⁹	
L REAR			130 ⁹	
R REAR			119 ⁹	
Skids enter N'side of Road	19 ⁹		211 ⁹	
	19 ⁹		237 ⁹	

Investigating Officers : _____

Traffic Engineer Assisting : _____

LOCATION : CH. [REDACTED] N. E. of CH. [REDACTED] W.

DATE : [REDACTED] 1990 MT : [REDACTED] TIME : [REDACTED] AM

* Serious Or Fatal Accident Measurements *

API = pt on SOUTH edge of Highway of CA [redacted] N
 BP = NORTH of Pole # [redacted]
 * Reference Point Is : BP = pt on SOUTH edge of CA [redacted] N 24° East of API

Reference Point To Objects Below :	NORTH	SOUTH	EAST	WEST
roadwidths				
CA [redacted] N → 19°				
CA [redacted] W → 15°				
NW CORNER CA [redacted] W				
30 35 chord = 20°				
30 m.o. = 2°				
Radius = 21.25				
NE CORNER CA [redacted] W				
chord = 20°				
m.o. = 1°				
Radius = 34.08				
Grade = Rise 4"				
Run = 100'				
% = 4.96%				
Pole from BP	29°		24°	
Yaw MARK 40° = chord				
0° = m.o.				
= Radius				

Investigating Officers : [redacted]

Traffic Engineer Assisting [redacted]

Location : CA [redacted] N. E. of CA [redacted] W
 Date : [redacted] 1990 DT : [redacted] TIME : [redacted] AM
 Hrs.

After Accident Situation Map

Accident Report # [REDACTED]

On [REDACTED] Road [REDACTED] N. →

[REDACTED] W.

[REDACTED], INDIANA

1990 at [REDACTED]

Drawn by [REDACTED]

Assisting Officers: [REDACTED]

0 10 20
Scale: 1 in. = 20

← C.R. [REDACTED] W

STOP

C.R. [REDACTED] N.

← Yaw Mark

AP 1

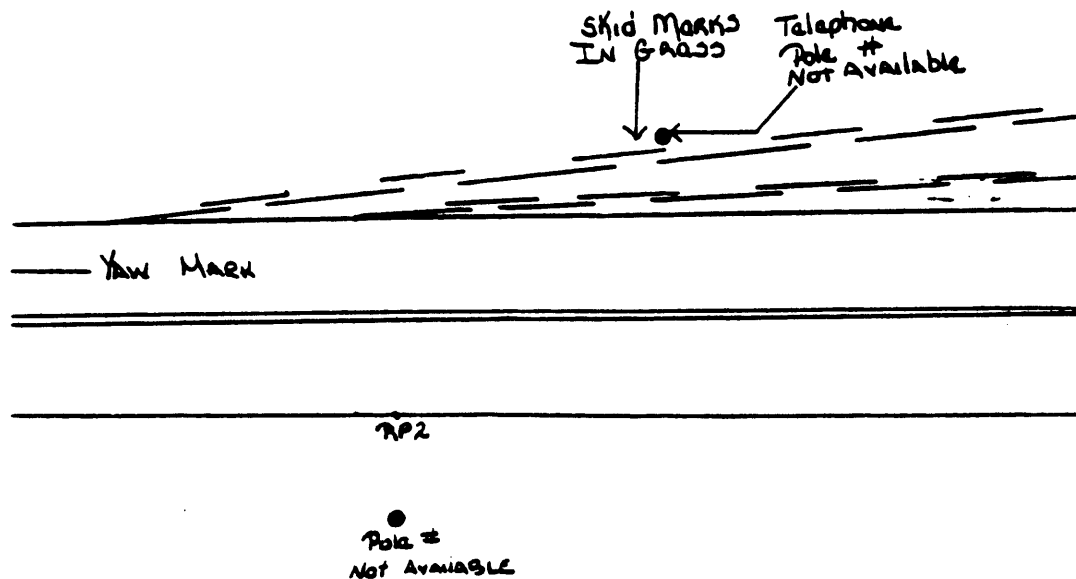
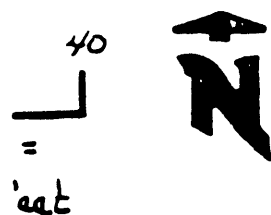
Pole # [REDACTED]

Tree Trunk

Tree Trunk

Original Position
of Tree Trunk
When Struck
by Van # 1

Skid Marks
in Grass



%
 * Grade of Roadway
 = 4.97%

Appendix B:

NASS Accident Form



U.S. Department of Transportation
National Highway Traffic Safety
Administration

ACCIDENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

<div style="display: flex; justify-content: space-between;"><div>1. Primary Sampling Unit Number <u>10</u></div><div>2. Case Number - Stratum <u>9003</u></div></div> <div style="text-align: center; background-color: black; color: white; padding: 2px; font-weight: bold; margin-top: 5px;">IDENTIFICATION</div> <div style="padding: 5px;"><div>3. Number of General Vehicle Forms Submitted <u>01</u></div><div>4. Date of Accident (Month, Day, Year) <u> </u> / <u>9</u> / <u>0</u></div><div>5. Time of Accident <u> </u> Code reported military time of accident. NOTE: Midnight - 2400 Unknown - 9999</div></div>				<div style="text-align: center; background-color: black; color: white; padding: 2px; font-weight: bold;">SPECIAL STUDIES INDICATORS</div> <div style="padding: 5px;"><p>Check (✓) each special study (SS12-SS16 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.</p><div style="display: flex; justify-content: space-between;"><div>6. <u> </u> SS12 Not Active</div><div><u>0</u></div></div><div style="display: flex; justify-content: space-between;"><div>7. <input checked="" type="checkbox"/> SS13 AOPS</div><div><u>1</u></div></div><div style="display: flex; justify-content: space-between;"><div>8. <u> </u> SS14 <u> </u></div><div><u>0</u></div></div><div style="display: flex; justify-content: space-between;"><div>9. <u> </u> SS15 <u> </u></div><div><u>0</u></div></div><div style="display: flex; justify-content: space-between;"><div>10. <u> </u> SS16 <u> </u></div><div><u>0</u></div></div></div>			
<div style="text-align: center; background-color: black; color: white; padding: 2px; font-weight: bold;">NUMBER OF EVENTS</div> <div style="padding: 5px;"><div>11. Number of Recorded Events in This Accident <u>03</u></div><div style="margin-top: 10px;">Code the number of events which occurred in this accident.</div></div>							
ACCIDENT EVENTS							
<p>For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object on the right.</p>							
Accident Event Sequence Number	Vehicle Number	Class of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class of Vehicle	General Area of Damage	
12. <u>01</u>	13. <u>01</u>	14. <u>03</u>	15. <u>R</u>	16. <u>42</u>	17. <u>00</u>	18. <u>0</u>	
19. <u>02</u>	20. <u>01</u>	21. <u>03</u>	22. <u>F</u>	23. <u>41</u>	24. <u>00</u>	25. <u>0</u>	
26. <u>03</u>	27. <u>01</u>	28. <u>03</u>	29. <u>T</u>	30. <u>31</u>	31. <u>00</u>	32. <u>N</u>	
33. <u>04</u>	34. <u> </u>	35. <u> </u>	36. <u> </u>	37. <u> </u>	38. <u> </u>	39. <u> </u>	
40. <u>05</u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>	
IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENTS SUPPLEMENT							

Appendix C:

NASS Vehicle Forms



Department of Transportation
National Highway Traffic Safety
Administration

GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 102. Case Number – Stratum 70033. Vehicle Number 01

VEHICLE IDENTIFICATION

4. Vehicle Model Year 90

Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify): 12

Applicable codes are found in your
NASS CDS Data Collection, Coding, and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify): 017

Taurus (Wagon) GL
Applicable codes are found in your
NASS CDS Data Collection, Coding, and
Editing Manual.
(99) Unknown

7. Body Type 06

Note: Applicable codes are found on
the back of this page.

8. Vehicle Identification Number

1FACR5745LG

Left justify: Slash zeros and letter Z (0 and Z)
No VIN – Code all zeros
Unknown – Code all nine's

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition 1

(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

10. Police Reported Travel Speed 99

Code to the nearest mph (NOTE: 00 means
less than 0.5 mph)
(97) 96.5 mph and above
(99) Unknown

11. Police Reported Alcohol or Drug Presence 0

(0) Neither alcohol nor drugs present
(1) Yes (alcohol present)
(2) Yes (drugs present)
(3) Yes (alcohol and drugs present)
(4) Yes (alcohol or drugs present – specifics
unknown)
(7) Not reported
(8) No driver present
(9) Unknown

12. Alcohol Test Result for Driver 97

Code actual value (decimal implied before
first digit – 0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source _____

ACCIDENT RELATED

13. Speed Limit 55

(00) No statutory limit
Code posted or statutory speed limit
(99) Unknown

14. Attempted Avoidance Maneuver 09

(00) No impact
(01) No avoidance actions
(02) Braking (no lockup)
(03) Braking (lockup)
(04) Braking (lockup unknown)
(05) Releasing brakes
(06) Steering left
(07) Steering right
(08) Braking and steering left
(09) Braking and steering right
(10) Accelerating
(11) Accelerating and steering left
(12) Accelerating and steering right
(97) No driver present
(98) Other action (specify):

(99) Unknown

15. Accident Type 07

Applicable codes may be found on the back
of page two of this field form
(00) No impact
Code the number of the diagram that
best describes the accident circumstance
(98) Other accident type (specify):

(99) Unknown

**** STOP HERE IF GV07 DOES NOT EQUAL 01-49 ****

National Accident Sampling System – Crashworthiness Data System: General Vehicle Form

Page 2

OCCUPANT RELATED

16. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
17. Number of Occupants This Vehicle 02
 (00-96) Code actual number of occupants
 for this vehicle
 (97) 97 or more
 (99) Unknown
18. Number of Occupant Forms Submitted 02

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 03,200
3244 Code weight to nearest
 100 pounds.
 (010) Less than 1050 pounds
 (135) 13,500 lbs or more
 (999) Unknown
 Source: [REDACTED]
20. Vehicle Cargo Weight 0000
 Code weight to nearest
 100 pounds.
 (00) Less than 50 pounds
 (97) 9,650 lbs or more
 (99) Unknown

RECONSTRUCTION DATA

21. Towed Trailing Unit 0
 (0) No towed unit
 (1) Yes – towed trailing unit
 (9) Unknown
22. Documentation of Trajectory Data
 for This Vehicle 1
 (0) No
 (1) Yes
23. Post Collision Condition of Tree or Pole
 (for Highest Delta V) 5
 (0) Not collision (for highest delta V) with
 tree or pole
 (1) Not damaged
 (2) Cracked/sheared
 (3) Tilted < 45 degrees
 (4) Tilted > 45 degrees
 (5) Uprooted tree
 (6) Separated pole from base
 (7) Pole replaced
 (8) Other (specify):

 (9) Unknown

24. Rollover 2
 (0) No rollover (no overturning)
 Rollover (primarily about the longitudinal axis):
 (1) Rollover, 1 quarter turn only
 (2) Rollover, 2 quarter turns
 (3) Rollover, 3 quarter turns
 (4) Rollover, 4 or more quarter turns (specify):

 (5) Rollover – end-over-end (i.e., primarily
 about the lateral axis)
 (9) Rollover (overturn), details unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this vehicle) 0
26. Rear Override/Underride (this vehicle) 0
 (0) No override/underride, or
 not an end-to-end impact
 Override (see specific CDC)
 (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify):

 Underride (see specific CDC)
 (4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify):

 (7) Medium/heavy truck override
 (9) Unknown

**HEADING ANGLE AT IMPACT FOR
HIGHEST DELTA V**

Values: (000)-(359) Code actual value
 (997) Noncollision
 (998) Impact with object
 (999) Unknown

27. Heading Angle for This Vehicle 998
28. Heading Angle for Other Vehicle 998

National Accident Sampling System – Crashworthiness Data System: General Vehicle Form

Page 3

29. Basis for Total Delta V (Highest)

5

Delta V Calculated

- (1) CRASH program – damage only routine
- (2) CRASH program – damage and trajectory routine
- (3) Missing vehicle algorithm

Delta V Not Calculated

- (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

- (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction techniques, regardless of adequacy of damage data.

- (6) All vehicles and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

COMPUTER GENERATED DELTA V

30. Total Delta V

Secondary Highest

9 9

____ Nearest mph

(NOTE: 00 means less than
0.5 mph)
(97) 96.5 mph and above
(99) Unknown

31. Longitudinal Component of Delta V

+ 9 9

____ Nearest mph

(NOTE: 00 means greater than
-0.5 and less than +0.5 mph)
(± 97) ± 96.5 mph and above
(— 99) Unknown

Secondary Highest

32. Lateral Component of Delta V

+ 9 9

____ Nearest mph

(NOTE: 00 means greater than
-0.5 and less than +0.5 mph)
(± 97) ± 96.5 mph and above
(— 99) Unknown

33. Energy Absorption

9 9 9 9 0 0

____ Nearest 100 foot-lbs

(NOTE: 0000 means less than 50 Foot-Lbs)
(9997) 999,650 foot-lbs or more
(9999) Unknown

34. Confidence in Reconstruction Program Results (for Highest Delta V)

0

- (0) No reconstruction
- (1) Collision fits model – results appear reasonable
- (2) Collision fits model – results appear high
- (3) Collision fits model – results appear low
- (4) Borderline reconstruction – results appear reasonable

35. Type of Vehicle Inspection

1

- (0) No inspection
- (1) Complete inspection
- (2) Partial inspection (specify):

36. Is this an AOPS Vehicle?

1

(0) No

(1) Yes

- Driver not Airbag

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.



U.S. Department of Transportation
National Highway Traffic Safety
Administration

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10

3. Vehicle Number 01

2. Case Number - Stratum 9003

VEHICLE IDENTIFICATION

VIN 1FHCPS745LG

Model Year 1990

Vehicle Make (specify): FORD

Vehicle Model (specify): TAURUS L000IN

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Maximum Crush
1	Begin 36" forward R Rattle	Begin 22" forward R Rattle	C3
2	Entire front	Entire front	C1

CRUSH PROFILE

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

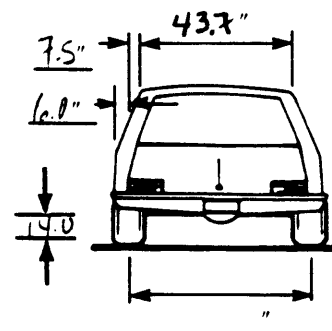
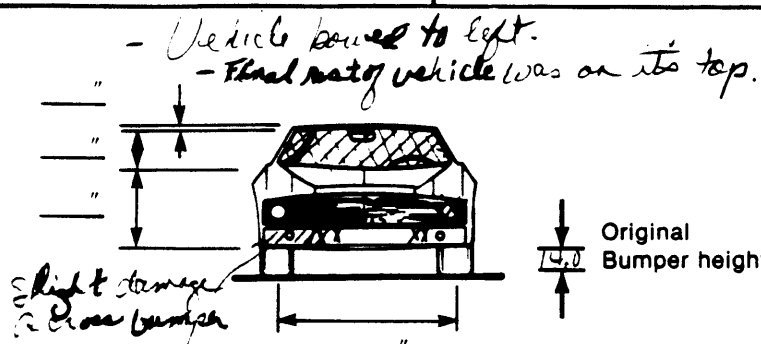
Specific Impact Number	Plane of C-Measurements	Direct Damage		Field L	C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	±D
		Width (CDC)	Max Crush								
1	Mid door	14.0	C3	42.0	2.5	16.0	34.0	28.5	15.0	7.25	+2.0
2	Front bumper	60.0	C1	60.0	12.5	6.5	7.0	6.5	7.0	10.0	0.0
	Bumper taper				5.0	2.5	1.0	1.0	2.5	5.0	
	Stand adjustment				5.5	5.5	5.5	5.5	5.5	5.5	
	Actual Crush				2.0	.5	.5	0.0	0.0	0.0	0
3	Top ** scratches no crush taken										
	* Struts for frontal damage set @ 62" forward of L and R "rubs"										
	front bumper where rear of hood meet windshield										
	Exemption = 56.5"										

National Accident Sampling System – Crashworthiness Data System: Exterior Vehicle Form

2d

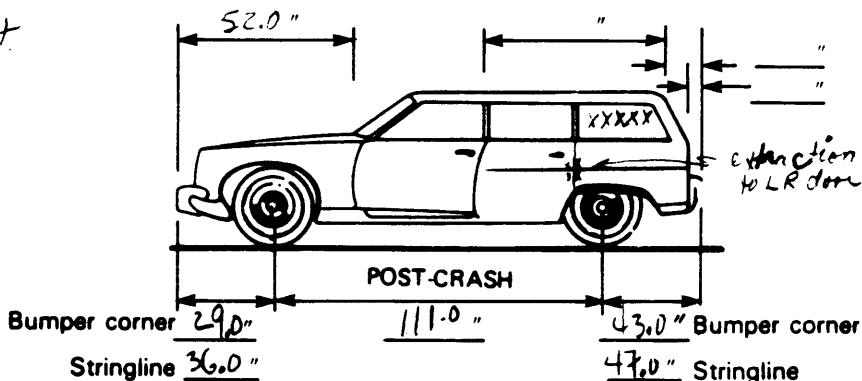
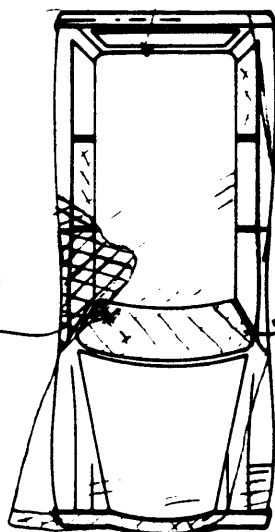
VEHICLE DAMAGE SKETCH

TIRE – WHEEL DAMAGE a. Rotation physically restricted RF <u>2</u> LF <u>1</u> RR <u>3</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.		b. Tire deflated RF <u>1</u> LF <u>2</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.		ORIGINAL SPECIFICATIONS Wheelbase <u>106.0</u> Overall Length <u>191.1</u> Maximum Width <u>70.8</u> Curb Weight <u>3244</u> Average Track <u>61.9 / 59.9</u> Front Overhang <u>40.0</u> Rear Overhang <u>46.9</u> Engine Size: cyl./ displ. <u>V6 / 3.8 L</u> Undeformed End Width <u>60.0</u>		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF \pm <u> </u> ° LF \pm <u>10</u> ° RR \pm <u> </u> ° LR \pm <u> </u> ° Within ± 5 degrees	
TYPE OF TRANSMISSION <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic				DRIVE WHEELS <input type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD		Approximate Cargo Weight <u>0</u>	

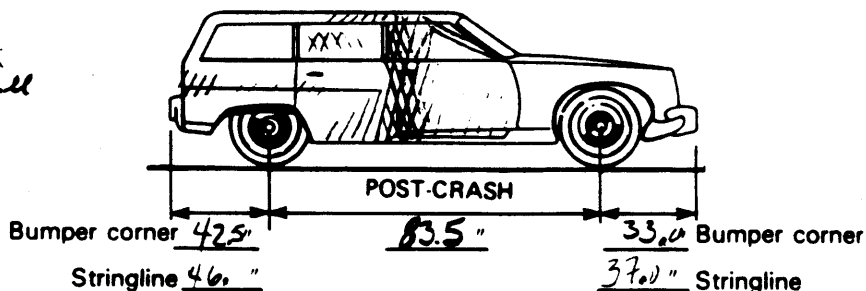


- vehicle bowed to left as a result of the impact.

Scuffs on top (trunk area)



extrication damage to LR door



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewall, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.
Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>42</u>	6. <u>61</u>	7. <u>R</u>	8. <u>P</u>	9. <u>A</u>	10. <u>W</u>	11. <u>05</u>

Second Highest Delta "V"

12. <u>02</u>	13. <u>41</u>	14. <u>09</u>	15. <u>F</u>	16. <u>D</u>	17. <u>L</u>	18. <u>S</u>	19. <u>01</u>
---------------	---------------	---------------	--------------	--------------	--------------	--------------	---------------

CRUSH PROFILE

(The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. ALL MEASUREMENTS ARE IN INCHES.)

HIGHEST DELTA "V"

20. L	21. C1	C2	C3	C4	C5	C6	22. + - D
<u>042</u>	<u>03</u>	<u>16</u>	<u>34</u>	<u>29</u>	<u>15</u>	<u>07</u>	<u>002</u>

Second Highest Delta "V"

23. L	24. C1	C2	C3	C4	C5	C6	25. + - D
<u>060</u>	<u>02</u>	<u>01</u>	<u>01</u>	<u>00</u>	<u>00</u>	<u>00</u>	<u>000</u>

26. Are CDCs Documented but Not Coded on The Automated File
(0) No
(1) Yes

1

27. Researcher's Assessment of Vehicle Disposition
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

1

28. Original Wheelbase
Code to the nearest tenth of an inch
(9999) Unknown

1060

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***
(I.E., GV09 = 0 OR 9), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



U.S. Department of Transportation
National Highway Traffic Safety
Administration

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 9003

3. Vehicle Number 01

INTEGRITY

4. Passenger Compartment Integrity 06

(00) No integrity loss

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (rear)

(04) Roof

(05) Roof glass

(06) Side window

(07) Rear window

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

(99) Unknown

Door, Tailgate Or Hatch Opening

5. LF 3 6. RF 3 7. LR 3 8. RR 3 9. TG/H 1

(0) No door/gate/hatch

1. Door/gate/hatch remained closed and operational

2. Door/gate/hatch came open during collision

3. Door/gate/hatch jammed shut

8. Other (specify):

9. Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If None, Enter Code 0.

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate, or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

8. Other failure (specify):

9. Unknown

GLAZING

Glazing Damage from Impact Forces

15. WS 2 16. LF 0 17. RF 6 18. LR 0 19. RR 6
20. BL 0 21. Roof 8 22. Other 6

(0) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from impact forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(8) No glazing

(9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS 1 24. LF 0 25. RF 0 26. LR 0 27. RR 1
28. BL 0 29. Roof 0 30. Other 0

(0) No occupant contact to glazing or no glazing

(1) Glazing contacted by occupant but no glazing damage

(2) Glazing in place and cracked by occupant contact

(3) Glazing in place and holed by occupant contact

(4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact

(5) Glazing out-of-place by occupant contact and holed by occupant contact

(6) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

If No Glazing Damage **And** No Occupant Contact or No Glazing, Then Code IV 31 Through IV 46 As 0

Type of Window/Windshield Glazing

31. WS 1 32. LF 0 33. RF 2 34. LR 0 35. RR 2
36. BL 0 37. Roof 0 38. Other 2

(0) No glazing contact and no damage, or no glazing

(1) AS-1 - Laminated

(2) AS-2 - Tempered

(3) AS-3 - Tempered-tinted

(4) AS-14 - Glass/Plastic

(8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

39. WS 1 40. LF 0 41. RF 9 42. LR 0 43. RR 9
44. BL 0 45. Roof 0 46. Other 1

(0) No glazing contact and no damage, or no glazing

(1) Fixed

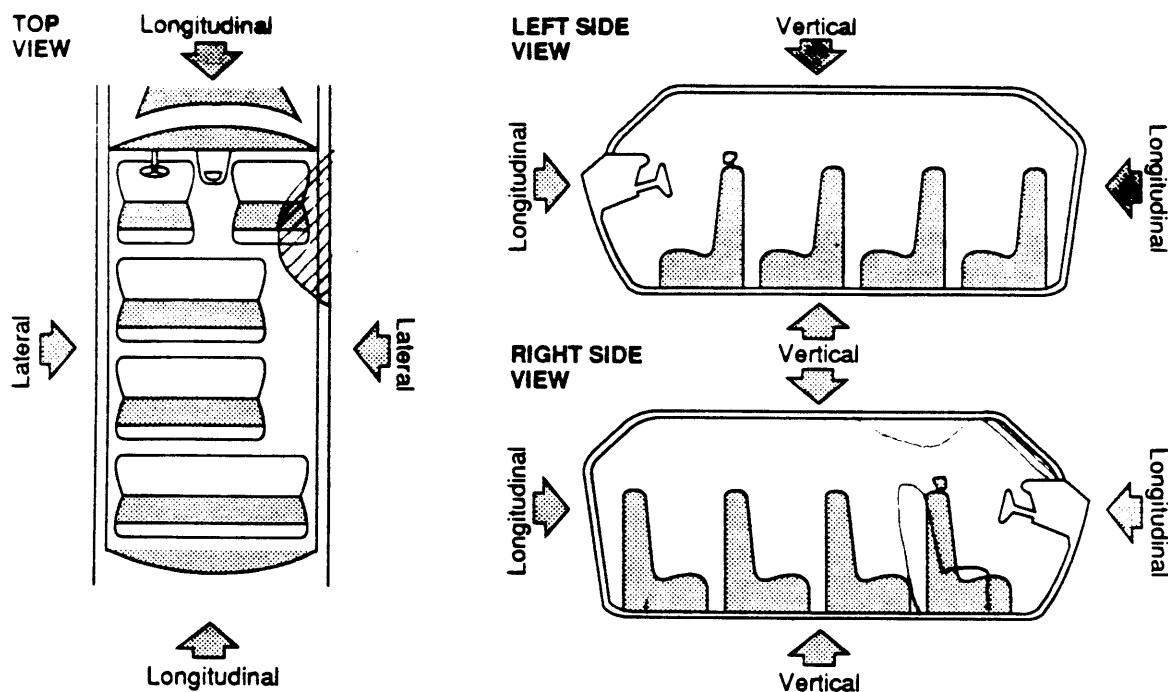
(2) Closed

(3) Partially opened

(4) Fully opened

(9) Unknown

INTRUSION WORK SHEET



LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISON VALUE	-	INTRUDED VALUE	=	INTRUSION	DOMINANT CRUSH DIRECTION
13	Door Panel	22.0	-	6.0	=	16.0	Lat
13	Roof Side Rail	24.0	-	9.0	=	15.0	Lat
13	A-pillar	24.0	-	12.0	=	12.0	Lat.
23	B-pillar	25.0	-	11.0	=	14.0	Lat.
13	Sill	22.0	-	8.0	=	14.0	Lat.
23	Door panel	23.0	-	12.0	=	11.0	Lat.
13	Windshield header *	"Estimated value"				4.0	Long.
23	Front seat back *	"Estimated value"				9.0	Long.
13	Roof	45.5	-	41.5	=	4.0	Lat.
12	Roof	45.5	-	41.0	=	4.5	Vert.
13	Seat Cushion *	"Estimated value"				6.0	Long
13	Instrument panel *	"Estimated value"				3.0	Long
13	Trim Panel *	"Estimated value"				3.0	Long.
23	Roof side rail	24.0	-	16.5	=	7.5	Lat.
13	Windshield *	"Estimated value"				8.0	Long

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV 47-IV 86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>1</u> <u>3</u>	48. <u>1</u> <u>0</u>	49. <u>4</u>	50. <u>3</u>
2nd	51. <u>1</u> <u>3</u>	52. <u>3</u>	53. <u>4</u>	54. <u>3</u>
3rd	55. <u>2</u> <u>3</u>	56. <u>0</u> <u>7</u>	57. <u>4</u>	58. <u>3</u>
4th	59. <u>1</u> <u>3</u>	60. <u>2</u> <u>6</u>	61. <u>4</u>	62. <u>3</u>
5th	63. <u>2</u> <u>3</u>	64. <u>1</u> <u>0</u>	65. <u>3</u>	66. <u>3</u>
6th	67. <u>2</u> <u>3</u>	68. <u>1</u> <u>3</u>	69. <u>3</u>	70. <u>3</u>
7th	71. <u>1</u> <u>3</u>	72. <u>1</u> <u>4</u>	73. <u>3</u>	74. <u>2</u>
8th	75. <u>1</u> <u>3</u>	76. <u>1</u> <u>5</u>	77. <u>2</u>	78. <u>2</u>
9th	79. <u>1</u> <u>3</u>	80. <u>2</u> <u>4</u>	81. <u>2</u>	82. <u>2</u>
10th	83. <u>1</u> <u>2</u>	84. <u>1</u> <u>2</u>	85. <u>2</u>	86. <u>1</u>

LOCATION OF INTRUSION

Front Seat
 (11) Left
 (12) Middle
 (13) Right

Second Seat
 (21) Left
 (22) Middle
 (23) Right

Third Seat
 (31) Left
 (32) Middle
 (33) Right

Fourth Seat
 (41) Left
 (42) Middle
 (43) Right

(97) Catastrophic
 (98) Other enclosed area (specify):

(99) Unknown

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back panel or door surface
- (26) Other interior component (specify):
Floor sill
- (27) Side panel - forward of the A-pillar
- (28) Side panel - rear of the A-pillar

Exterior Components

- (30) Hood
- (31) Outside surface of vehicle (specify):

- (32) Other exterior object in the environment (specify):

- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify):

- (99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 1 inch but < 3 inches
- (2) ≥ 3 inches but < 6 inches
- (3) ≥ 6 inches but < 12 inches
- (4) ≥ 12 inches but < 18 inches
- (5) ≥ 18 inches but < 24 inches
- (6) ≥ 24 inches
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

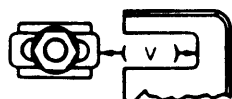
STEERING COLUMN WORKING DIAGRAMS

STEERING COLUMN COLLAPSE

Steering Column Shear Module Movement

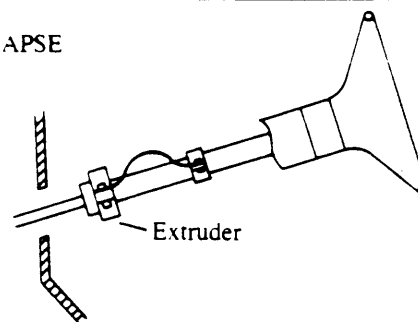


Left —



Right — V = ———"

Direction and Magnitude of Steering Column Movement



After Compression

Flare Tube

Possible Remaining Starter Grooves At 6 and 12 o'clock

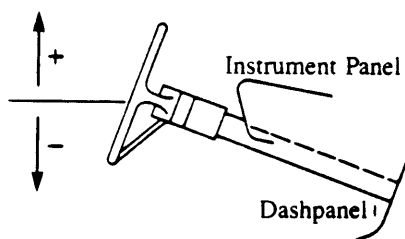
Extruder

Compression = Measurement A

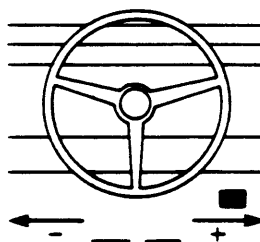
A = ———

STEERING COLUMN MOVEMENT

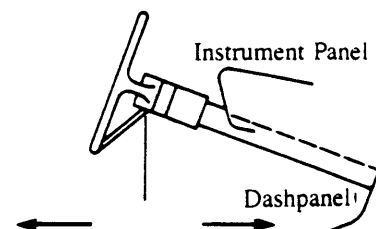
Vertical Movement



Lateral Movement



Longitudinal Movement



	COMPARISON VALUE	—	DAMAGED VALUE	=	MOVEMENT
VERTICAL	* no apparent movement - unable to measure				
LATERAL	intrusions/locked/jammed doors				
LONGITUDINAL		—		=	

STEERING RIM/SPOKE DEFORMATION

COMPARISON VALUE	—	DAMAGED VALUE	=	DEFORMATION
	—		=	
	—		=	

STEERING COLUMN

87. Steering Column Type 2

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify):

(9) Unknown

If PDOF \neq 11, 12 or 1, Then Code IV88-IV91 As 9688. Steering Column Collapse Due to Occupant Loading 96

_____ Code actual measured movement to the nearest inch. See coding manual for measurement technique(s).

- (00) No movement, compression, or collapse
 (01-19) Actual measured value
 (20) 20 inches or greater

Estimated movement from observation

- (81) Less than 1 inch
 (82) ≥ 1 inch but < 2 inches
 (83) ≥ 2 inches but < 4 inches
 (84) ≥ 4 inches but < 6 inches
 (85) ≥ 6 inches but < 8 inches
 (86) Greater than or equal to 8 inches
 (96) Not assessed (PDOF \neq 11, 12, 1)
 (97) Apparent movement, value undetermined or cannot be measured or estimated
 (98) Nonspecified type column
 (99) Unknown

Direction And Magnitude of Steering Column Movement

89. Vertical Movement 9690. Lateral Movement 9691. Longitudinal Movement 96

Code the actual measured movement to the nearest inch. See Coding Manual for measurement technique(s)

- (00) No steering column movement
 ($\pm 01 - \pm 49$) Actual measured value
 (± 50) 50 inches or greater

Estimated movement from observation

- (± 81) ≥ 1 inch but < 3 inches
 (± 82) ≥ 3 inches but < 6 inches
 (± 83) ≥ 6 inches but < 12 inches
 (± 84) ≥ 12 inches
 (___96) Not assessed (PDOF \neq 11, 12, 1)
 (___97) Apparent movement > 1 inch but cannot be measured or estimated
 (___99) Unknown

92. Steering Rim/Spoke Deformation 2

_____ Code actual measured deformation to the nearest inch.

- (0) No steering rim deformation
 (1-5) Actual measured value
 (6) 6 inches or more
 (8) Observed deformation cannot be measured
 (9) Unknown

93. Location of Steering Rim/Spoke Deformation 22

- (00) No steering rim deformation

Quarter Sections

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D



Half Sections

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

INSTRUMENT PANEL

94. Odometer Reading 022,000

22,281 miles – Code mileage to the nearest 1,000 miles

- (000) No odometer
 (001) Less than 1,500 miles
 (300) 299,500 miles or more
 (999) Unknown

Source: Inspection95. Instrument Panel Damage from Occupant Contact? 1

- (0) No
 (1) Yes
 (9) Unknown

96. Knee Bolsters Deformed from Occupant Contact? 8

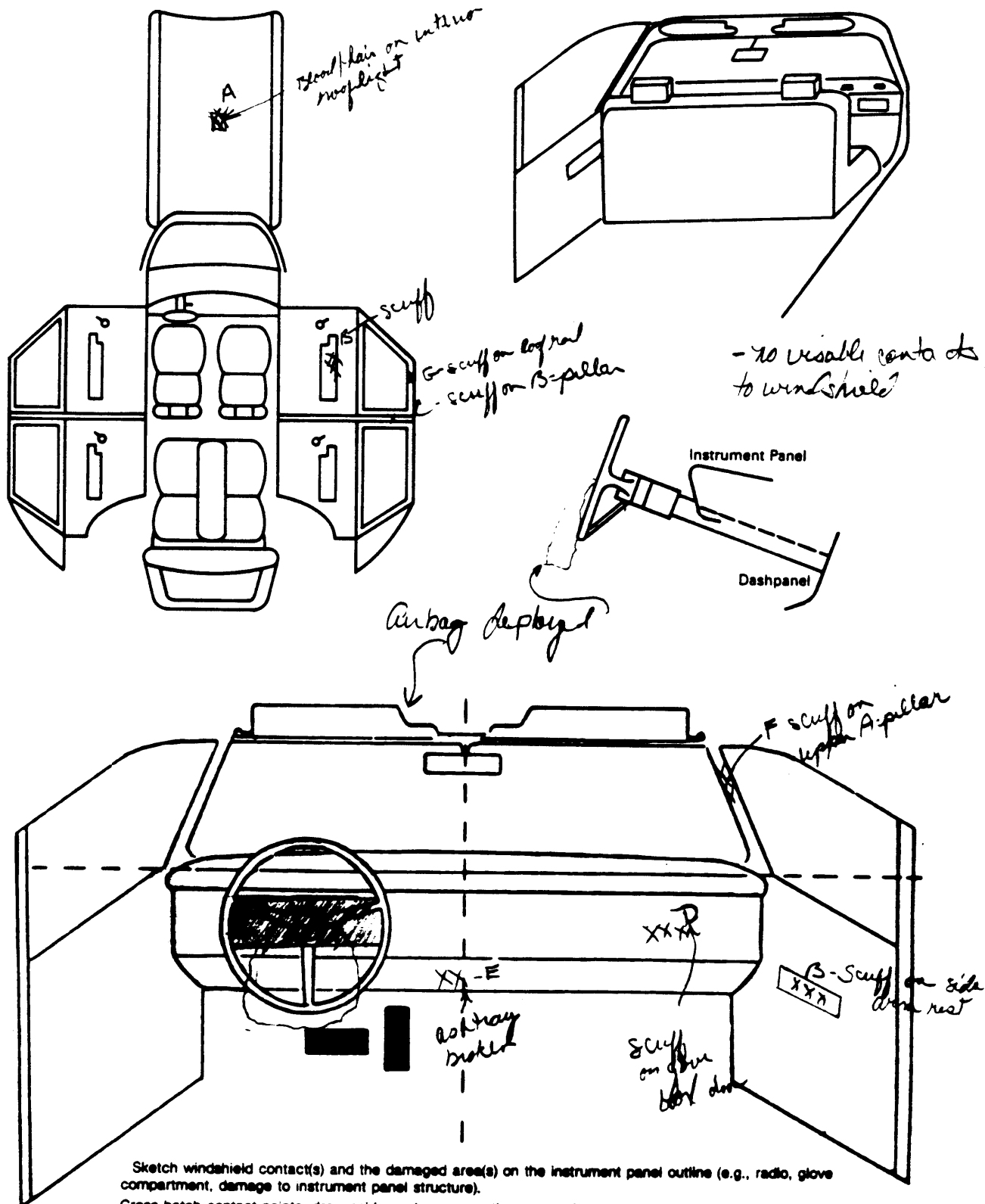
- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

97. Did Glove Compartment Door Open During Collision(s)? 1

- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

National Accident Sampling System - Crashworthiness Data System: Interior Vehicle Form

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POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	Roof - 54	2	Head	Blood / missing left hand / hair	1
B	R-door - 31	2	Chest/abdomen	Scuffs	1
C	B-pillar - 33	2	Head	Scuff	1
D	Instrument panel	2	Knee	Scuff on dashboard	1
E	Center instrument panel	1	Knee	Gash - broke	1
F	A-pillar - 32	2	Head	Scuff	1
G	R-door - 33	2	Head	Scuff	1
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail
- (27) Other left side object (specify): _____

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail
- (37) Other right side object (specify): _____

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify): _____

- (47) Interior loose objects

- (48) Child safety seat (specify): _____

- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor including toe pan
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (4) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attributes for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F I R S T	Availability	1	0	0
	Function	4	0	0
	Failure	1	0	0

Automatic (Passive) Restraint System Availability

- (0) Not equipped/not available
- (1) Airbag
- (2) Airbag disconnected (specify): _____
- (3) Airbag not reinstalled
- (4) 2 point automatic belts
- (5) 3 point automatic belts
- (6) Automatic belts destroyed or rendered inoperative
- (9) Unknown

Automatic (Passive) Restraint Function

- (0) Not equipped/not available

Automatic Belt

- (1) Automatic belt in use
- (2) Automatic belt not in use
- (3) Automatic belt use unknown

Air Bag

- (4) Airbag deployed during accident
- (5) Airbag deployed inadvertently just prior to accident
- (6) Deployed, accident sequence undetermined
- (7) Nondeployed
- (8) Unknown if deployed
- (9) Unknown

Did Automatic (Passive) Restraint Fail

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____
- (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attributes for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
FIRST	Availability	4	0	4
	Use	04	0	00
	Failure Modes	1	0	0
SECOND	Availability	4	3	4
	Use	0	0	0
	Failure Modes	0	0	0
THIRD	Availability			
	Use			
	Failure Modes			
OTHER	Availability			
	Use			
	Failure Modes			

Manual (Active) Belt System Availability

- (0) Not available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available – type unknown
- (8) Other belt (specify):

(9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used – type unknown

(08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat – type unknown
- (18) Other belt used with child safety seat (specify):

(99) Unknown if belt used

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

National Accident Sampling System – Crashworthiness Data System: Interior Vehicle Form

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HEAD RESTRAINTS SEAT EVALUATION

NOTES: Encode the applicable data for **each seat position** in the vehicle. The attributes for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	Head Restraint Type/Damage	9 (removed)		3
	Seat Type	06		06
	Seat Performance	06		6
SECOND	Head Restraint Type/Damage	0	0	0
	Seat Type	05	05	05
	Seat Performance	1	1	1
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral – no damage
- (2) Integral – damaged during accident
- (3) Adjustable – no damage
- (4) Adjustable – damaged during accident
- (5) Add-on – no damage
- (6) Add-on – damaged during accident
- (8) Other (specify): _____
- (9) Unknown

Seat Type (This Occupant Position)

- (00) No seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., van type)
- (09) Other seat type (specify): _____
- (99) Unknown

Seat Performance (This Occupant Position)

- (0) No seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks failed
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____

(9) Unknown

13 { - Seat back displaced rearward
 - Seat cushion displaced to left
 11 - driver seat back (right) anchor pulled away from seat cushion.

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E. UNUSUAL OCCUPANT CONTACT PATTERN)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indications that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No [☒] Yes []

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

Ejection Area

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown**Ejection Medium**

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

(9) Unknown**Medium Status (Immediately Prior to Impact)**

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

ENTRAPMENT

NO

Describe entrapment mechanism:

Component(s):

(Note in vehicle interior diagram)

Appendix D:

NASS Interview Form



U.S. Department of Transportation
National Highway Traffic Safety
Administration

INTERVIEW FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number 10 Interviewee(s) Role(s) or Name(s) _____
Case Number - Stratum 9003 Driver of case vehicle
Vehicle Number 01

Review the Interview Cue Sheet prior to conducting interview(s) to ensure the acquisition of all pertinent data.

GENERAL DESCRIPTION OF ACCIDENT SEQUENCE

Heading west on CR other vehicle came over the hill in the middle of the road. I swerved to the right in order to avoid a head-on collision. I thought I was OK on the shoulder until I got to the top of the hill and the shoulder pattern out causing us to start sliding across the road. I thought we were just going to hit some small bushes but we hit a small tree with several branches coming out of the ground. We uprooted the tree and rolled over onto our top. Nobody hurt, not entrapped. - Door jammed: tried open by ~~_____~~

SPECIFIC QUESTIONS

Est speed - 45-50 mph

- Had rain earlier but was overcast @ time of accident; road was dry
- Several small cuts (glass) getting out of car; wrenched my @ knee
- Trans + released from ~~_____~~ Hospital
- Missed 2 wks from work - due to injury to knee and mental effects of accidents

Key to Researcher: Have you obtained the following through the interviewee(s) description and specific questions?

- | | | |
|---|--|---|
| <input type="checkbox"/> PRE-CRASH, AT IMPACT vehicle travel/driver intention | <input checked="" type="checkbox"/> Speed estimates (precrash/at impact) | <input checked="" type="checkbox"/> Previous vehicle damage - none |
| <input checked="" type="checkbox"/> Direction of travel | <input checked="" type="checkbox"/> Post-impact trajectory | <input type="checkbox"/> Glazing type |
| <input checked="" type="checkbox"/> Avoidance maneuvers | <input checked="" type="checkbox"/> Door status (precrash/postcrash) | <input type="checkbox"/> Vehicle glazing status |
| <input checked="" type="checkbox"/> Impact description/orientation | <input checked="" type="checkbox"/> Final rest position | <input type="checkbox"/> PAR clarifications |
| | | <input type="checkbox"/> Glove box status |

Cargo? No ☒ Yes ☐ Interviewee's Estimated Cargo Weight _____

Description of Cargo _____

Present Location of Vehicle (if not yet inspected)? _____

National Accident Sampling System - Crashworthiness Data System: Interview Form

Page 2

OCCUPANT DATA

Enter the occupant's seat position in the first row and complete the column below it using the information from the interviewee(s).

SEAT POSITION	11	13		
AGE/SEX	43/M	33/F		
HEIGHT (IN.)	71			
WEIGHT (LBS.)	205			
POSTURE	Normal	Normal		
EJECTED? [<input checked="" type="checkbox"/> No [] Yes	No	No		
DESCRIBE THE EJECTION	N/A	N/A		
ENTRAPPED? [<input checked="" type="checkbox"/> No [] Yes	No	No		
DESCRIBE ENTRAPMENT	N/A	N/A		
TYPE OF RESTRAINT AVAILABLE?	lap/shoulder + airbag	lap/shoulder		
HOW WERE THE BELTS WORN?	Properly worn	Not worn		
DESCRIBE ANY RESTRAINT FAILURE MODE	None	None		
TYPE OF TREATMENT	Treated + Released	Fatal		
DAYS IN HOSPITAL?	1	N/A		
NO. OF LOST WORK DAYS?	10	N/A		

National Accident Sampling System - Crashworthiness Data System: Interview Form

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PSU Number _____ Case Number - Stratum 9003 Vehicle Number 01 Occupant Number 01

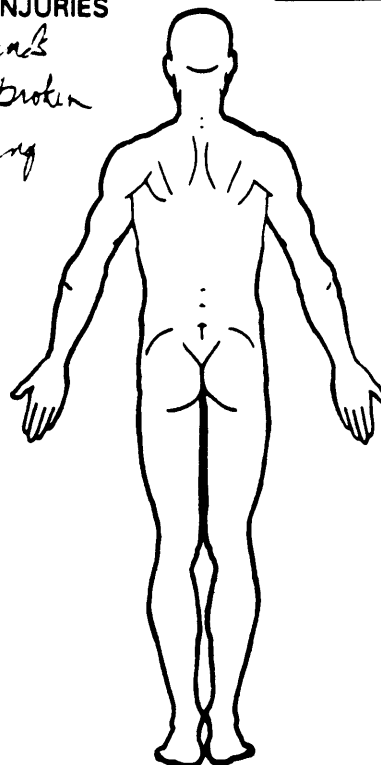
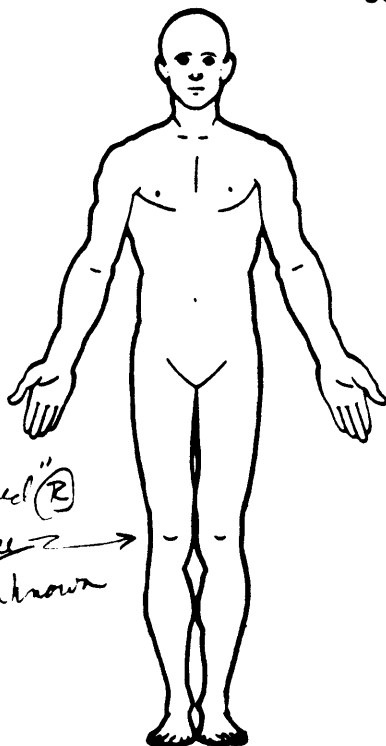
INJURY DATA FROM INTERVIEWEE(S)

Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): Driver

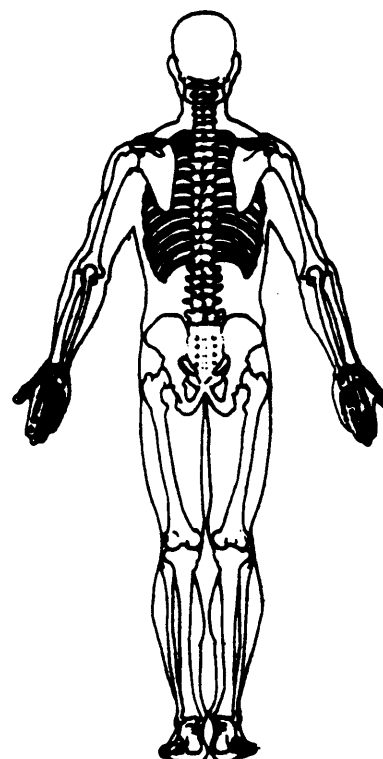
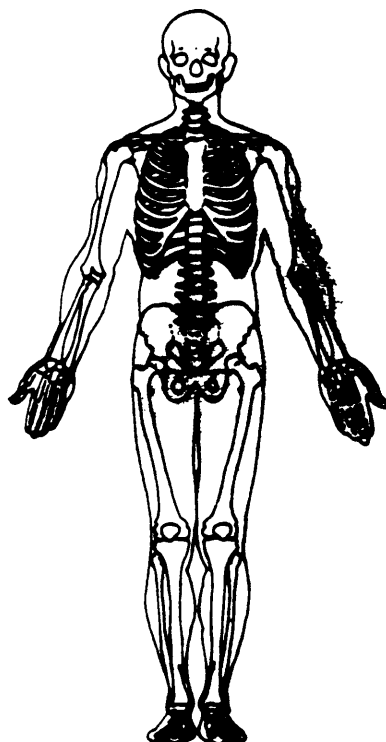
SOFT TISSUE/INTERNAL INJURIES

Several cuts to hands
(and face from broken
glass. (crawling
out of car)

"wrenched" (R)
knee →
unknown



SKELETAL INJURIES



The space provided on the back of this page may be used to document injuries noted by the interviewee(s).

Appendix E:

NASS Occupant Forms



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

<p>1. Primary Sampling Unit Number <u>10</u></p> <p>2. Case Number - Stratum <u>9003</u></p> <p>3. Vehicle Number <u>01</u></p> <p>4. Occupant Number <u>01</u></p>	<p>11. Occupant's Posture <u>0</u> (0) Normal posture (1) Abnormal posture (specify): _____ (9) Unknown</p>
EJECTION/ENTRAPMENT	
<p style="text-align: center; background-color: black; color: white; padding: 2px;">OCCUPANT'S CHARACTERISTICS</p> <p>5. Occupant's Age <u>43</u> Code actual age at time of accident. (00) Less than one year old (specify by month): _____ (97) 97 years and older (99) Unknown</p> <p>6. Occupant's Sex <u>1</u> (1) Male (2) Female (9) Unknown</p> <p>7. Occupant's Height <u>71</u> Code actual height to the nearest inch. (99) Unknown</p> <p>8. Occupant's Weight <u>205</u> Code actual weight to the nearest pound. (999) Unknown</p> <p>9. Occupant's Role <u>1</u> (1) Driver (2) Passenger (9) Unknown</p> <p>10. Occupant's Seat Position <u>11</u> Front Seat (11) Left side (12) Middle (13) Right side (14) Other (specify): _____ Second Seat (21) Left side (22) Middle (23) Right side (24) Other (specify): _____ Third Seat (31) Left side (32) Middle (33) Right side (34) Other (specify): _____ Fourth Seat (41) Left side (42) Middle (43) Right side (44) Other (specify): _____ (97) In or on unenclosed area (98) Other seat (specify): _____ (99) Unknown</p>	<p>12. Ejection <u>0</u> (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown</p> <p>13. Ejection Area <u>0</u> (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): _____ (9) Unknown</p> <p>14. Ejection Medium <u>0</u> (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): _____ (5) Integral structure (8) Other medium (specify): _____ (9) Unknown</p> <p>15. Medium Status (Immediately Prior to Impact) <u>0</u> (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown</p> <p>16. Entrapment <u>0</u> (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.) (0) Not entrapped (1) Entrapped (9) Unknown</p>

National Accident Sampling System – Crashworthiness Data System: Occupant Assessment Form

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RESTRAINT SYSTEM AND SEAT EVALUATION

17. Manual (Active) Restraint Availability

- (0) Not available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available – type unknown
- (8) Other belt (specify):

(9) Unknown

18. Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used – type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat – type unknown
- (18) Other belt used with child safety seat

(specify):

(99) Unknown if belt used

19. Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

- (0) Not equipped/not available
- (1) Airbag
- (2) Airbag disconnected (specify):

- (3) Airbag not reinstalled
- (4) 2 point automatic belts
- (5) 3 point automatic belts
- (6) Automatic belts destroyed or rendered inoperative
- (9) Unknown

22. Automatic (Passive) Restraint Function

- (0) Not equipped/not available

Automatic Belt

- (1) Automatic belt in use
- (2) Automatic belt not in use
- (3) Automatic belt use unknown

Air Bag

- (4) Airbag deployed during accident
- (5) Airbag deployed inadvertently just prior to accident
- (6) Deployed, accident sequence undetermined
- (7) Nondeployed
- (8) Unknown if deployed
- (9) Unknown

23. Did Automatic (Passive) Restraint Fail?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):

(9) Unknown

24. Police Reported Restraint Use

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify):

(8) Restrained, type unknown

(9) Police indicated "unknown"

25. Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral – no damage
- (2) Integral – damaged during accident
- (3) Adjustable – no damage
- (4) Adjustable – damaged during accident
- (5) Add-on – no damage
- (6) Add-on – damaged during accident
- (8) Other (specify):

(9) Unknown + removed prior to inspection

26. Seat Type (This Occupant Position) 0 6

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., van type)
- (09) Other seat type (specify):

(99) Unknown

27. Seat Performance (This Occupant Position) b

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks failed
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):

Rt side frame seat back
anchor is pulled away
from the cushion

(7) Combination of above (specify):

(8) Other (specify):

(9) Unknown

CHILD SAFETY SEAT**28. Child Safety Seat Make/Model** 0 0 0

- (000) No child safety seat
- Applicable codes are found in your NASS CDS Data Collection, Coding, and Editing Manual
- (997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat 0

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation 1 2

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify):

(09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation for This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 0 0**32. Child Safety Seat Shield Usage** 0 0**33. Child Safety Seat Tether Usage** 0 0

Note: Options below applicable to Variables OA31-OA33.

(00) No child safety seat

Not Designed with

Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed with Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed with Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

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INJURY CONSEQUENCES**34. Injury Severity (Police Rating)** 2

- (0) O – No injury
- (1) C – Possible injury
- (2) B – Nonincapacitating injury
- (3) A – Incapacitating injury
- (4) K – Killed
- (5) U – Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment – Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal – ruled disease
- Nonfatal
- (3) Hospitalized
- (4) Transported and released
- (5) Treatment at scene – nontransported
- (6) Treatment later
- (8) Treatment – other (specify): _____

(9) Unknown

36. Type of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify): _____

(9) Unknown

37. Hospital stay 00

- ____ Code number of days (up through 60) that the occupant stayed in the hospital
- (00) Not hospitalized
 - (61) 61 days or more
 - (99) Unknown

38. Working Days Lost 10

____ Code the number of days (up through 60) that the occupant lost from work due to the accident

- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

39. Time to Death 00

____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
- (96) Fatal – ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death 00**41. 2nd Medically Reported Cause of Death** 00**42. 3rd Medically Reported Cause of Death** 00

____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
- (97) Other result (specify): _____

(99) Unknown

43. Number of Recorded Injuries for This Occupant 01

- ____ Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
 - (97) Injured, details unknown
 - (99) Unknown if injured

UPDATE CANDIDATE

NO [] YES [☒]

*** STOP HERE ***

IF THERE ARE NO RECORDED INJURIES

(I.E., OA43=00, 97, 99)



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number—Stratum

9003

4. Occupant Number

01

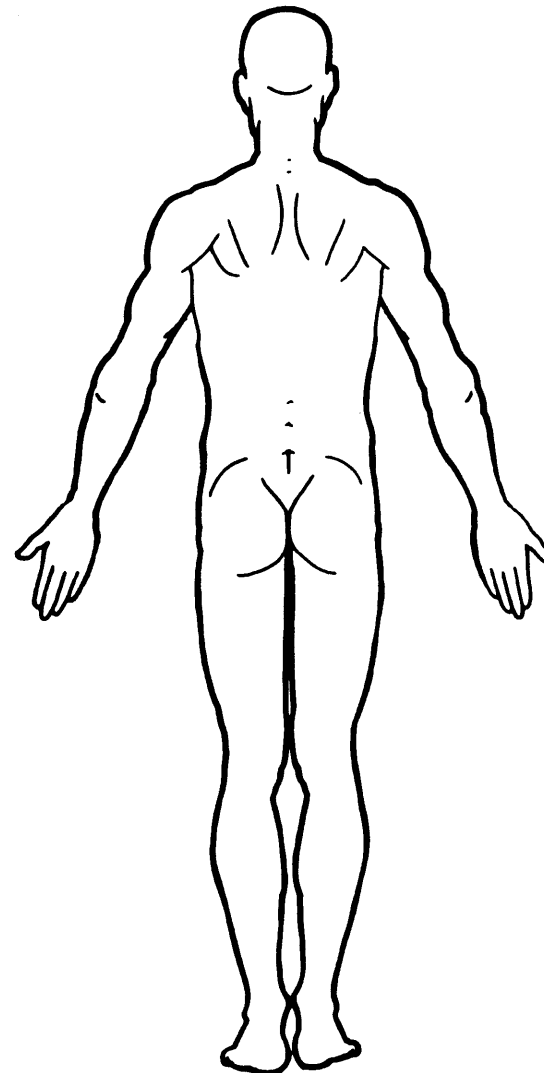
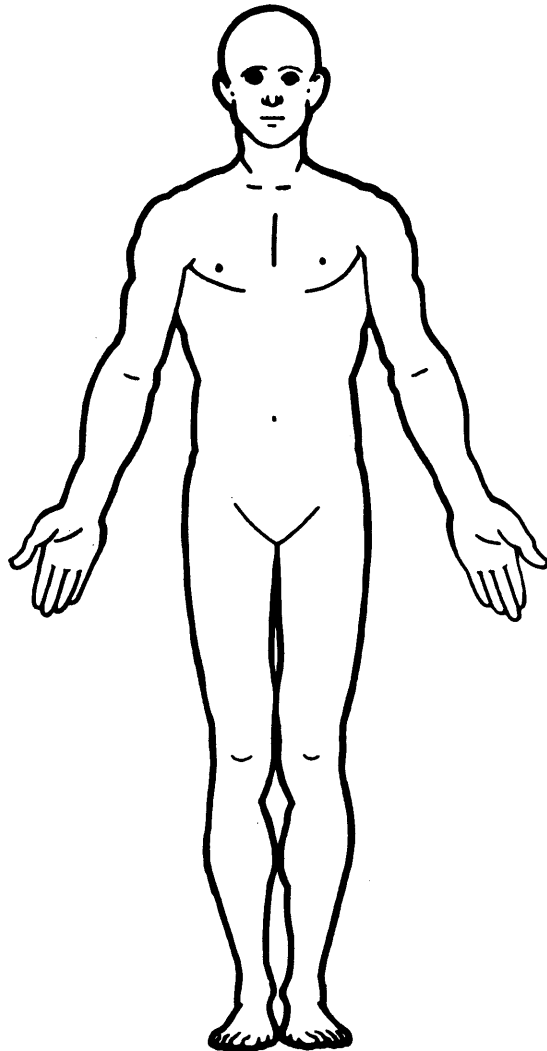
INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
1st	5. <u>7</u>	6. <u>K</u>	7. <u>R</u>	8. <u>S</u>	9. <u>J</u>	10. <u>1</u>	11. <u>10</u>	12. <u>3</u>	13. <u>1</u>	14. <u>00</u>
2nd	15. __	16. __	17. __	18. __	19. __	20. __	21. __	22. __	23. __	24. __
3rd	25. __	26. __	27. __	28. __	29. __	30. __	31. __	32. __	33. __	34. __
4th	35. __	36. __	37. __	38. __	39. __	40. __	41. __	42. __	43. __	44. __
5th	45. __	46. __	47. __	48. __	49. __	50. __	51. __	52. __	53. __	54. __
6th	55. __	56. __	57. __	58. __	59. __	60. __	61. __	62. __	63. __	64. __
7th	65. __	66. __	67. __	68. __	69. __	70. __	71. __	72. __	73. __	74. __
8th	75. __	76. __	77. __	78. __	79. __	80. __	81. __	82. __	83. __	84. __
9th	85. __	86. __	87. __	88. __	89. __	90. __	91. __	92. __	93. __	94. __
10th	95. __	96. __	97. __	98. __	99. __	100. __	101. __	102. __	103. __	104. __

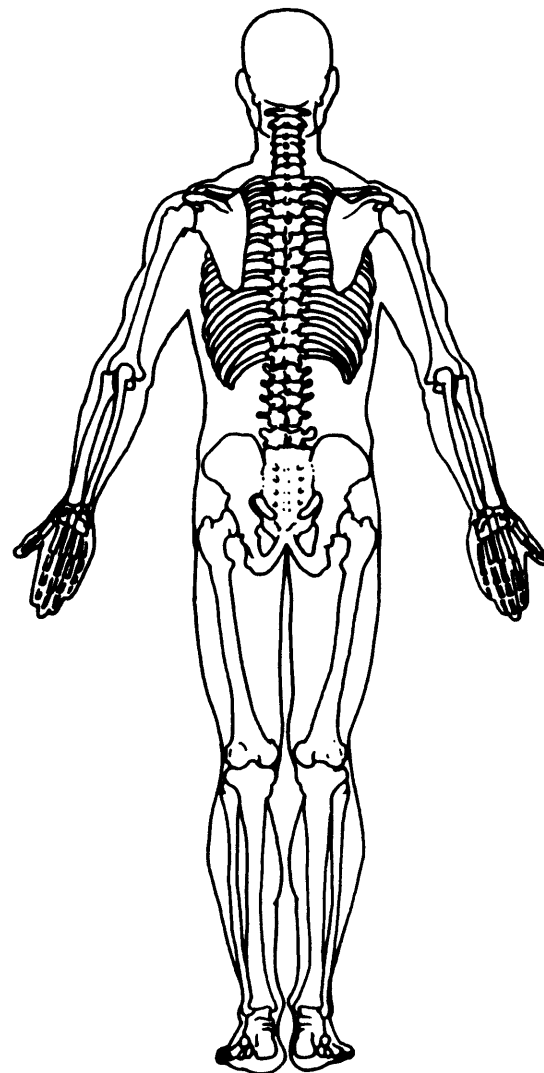
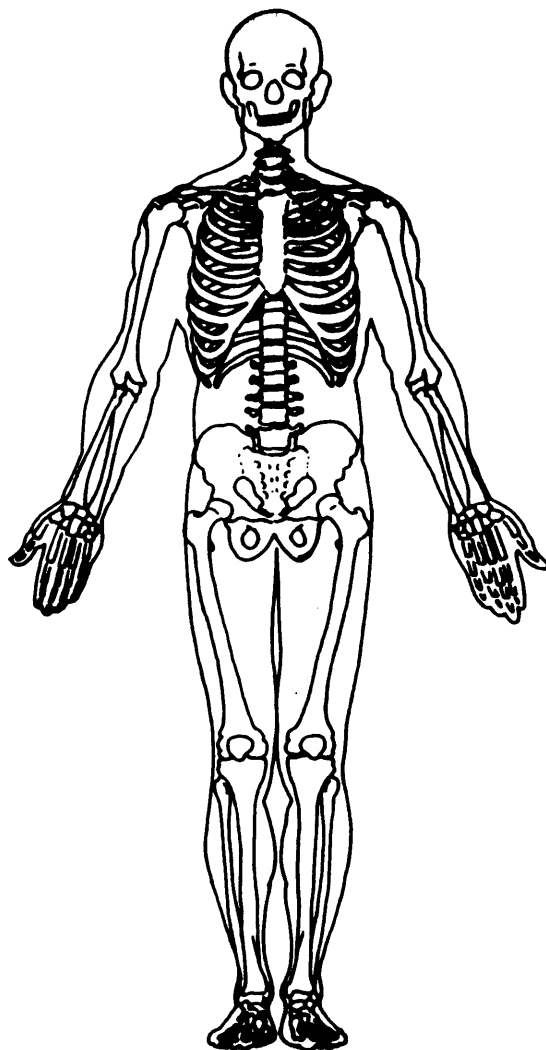
OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Indicate the *Location*, *Lesion*, *Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



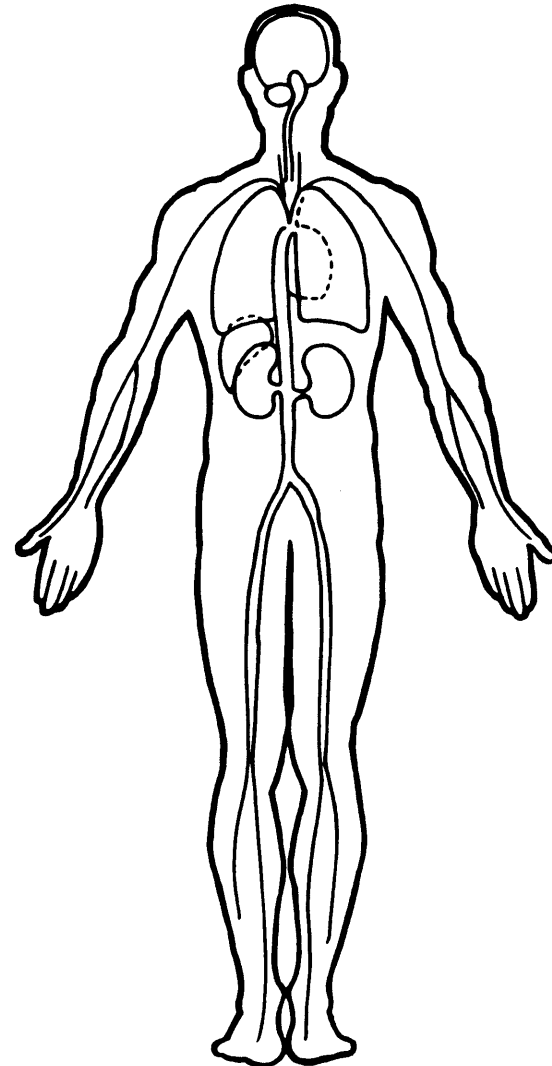
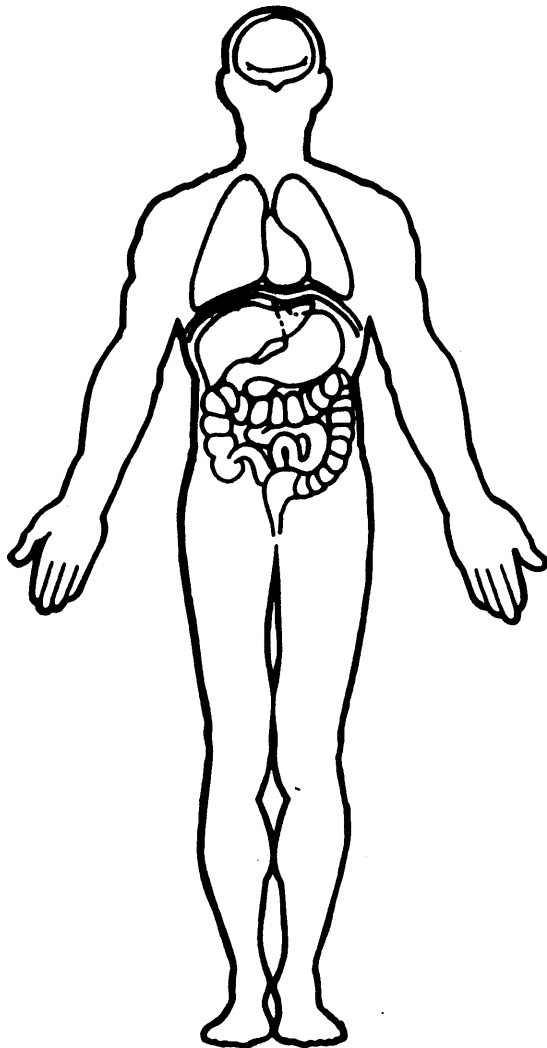
OFFICIAL INJURY DATA – SKELETAL INJURIES

Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA – INTERNAL INJURIES

Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





U.S. Department of Transportation
National Highway Traffic Safety
Administration

UPDATE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9003
3. Vehicle Number 01
4. Occupant Number 01

Driver or Occupant Name: _____

Address: _____

Other Information: _____

(Sanitize this section prior to Update submission.)

INJURY DATA CODED ON INITIAL SUBMISSION

	Source of Injury Data	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
1st	5. <u>7</u>	6. <u>K</u>	7. <u>R</u>	8. <u>S</u>	9. <u>J</u>	10. <u>1</u>	11. <u>10</u>	12. <u>3</u>	13. <u>1</u>	14. <u>00</u>
2nd	15. _____	16. _____	17. _____	18. _____	19. _____	20. _____	21. _____	22. _____	23. _____	24. _____
3rd	25. _____	26. _____	27. _____	28. _____	29. _____	30. _____	31. _____	32. _____	33. _____	34. _____
4th	35. _____	36. _____	37. _____	38. _____	39. _____	40. _____	41. _____	42. _____	43. _____	44. _____
5th	45. _____	46. _____	47. _____	48. _____	49. _____	50. _____	51. _____	52. _____	53. _____	54. _____
6th	55. _____	56. _____	57. _____	58. _____	59. _____	60. _____	61. _____	62. _____	63. _____	64. _____
7th	65. _____	66. _____	67. _____	68. _____	69. _____	70. _____	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____	79. _____	80. _____	81. _____	82. _____	83. _____	84. _____
9th	85. _____	86. _____	87. _____	88. _____	89. _____	90. _____	91. _____	92. _____	93. _____	94. _____
10th	95. _____	96. _____	97. _____	98. _____	99. _____	100. _____	101. _____	102. _____	103. _____	104. _____

NOTE: If necessary, keep copy of original Occupant Injury form and submit as part of update.

UPDATED CASE INFORMATION

	INITIAL SUBMISSION	FINAL		INITIAL SUBMISSION	FINAL
GV12. Alcohol Test Results for Driver	<u>97</u>	<u>00</u>	OA35. Treatment - Mortality	<u>4</u>	—
OA05. Occupant's Age	<u>43</u>	—	OA36. Type of Medical Facility (for Initial Treatment)	<u>2</u>	—
OA06. Occupant's Sex	<u>1</u>	—	OA37. Hospital Stay	<u>00</u>	—
OA07. Occupant's Height	<u>71</u>	—	OA38. Working Days Lost	<u>10</u>	—
OA08. Occupant's Weight	<u>205</u>	—	OA39. Time to Death	<u>00</u>	—
OA17. Manual (Active) Belt System Availability	<u>4</u>	—	OA40. 1st Medically Reported Cause of Death	<u>00</u>	—
OA18. Manual (Active) Belt System Use	<u>04</u>	—	OA41. 2nd Medically Reported Cause of Death	<u>00</u>	—
OA21. Automatic (Passive) Restraint System Availability	<u>1</u>	—	OA42. 3rd Medically Reported Cause of Death	<u>00</u>	—
OA22. Automatic (Passive) Restraint Function	<u>4</u>	—	OA43. Number of Recorded Injuries for This Occupant	<u>01</u>	<u>03</u>

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the unofficial and official prior to initial case submission **and from subsequently** acquired medical data. Remember not to double count an injury just because it was identified from two different sources.

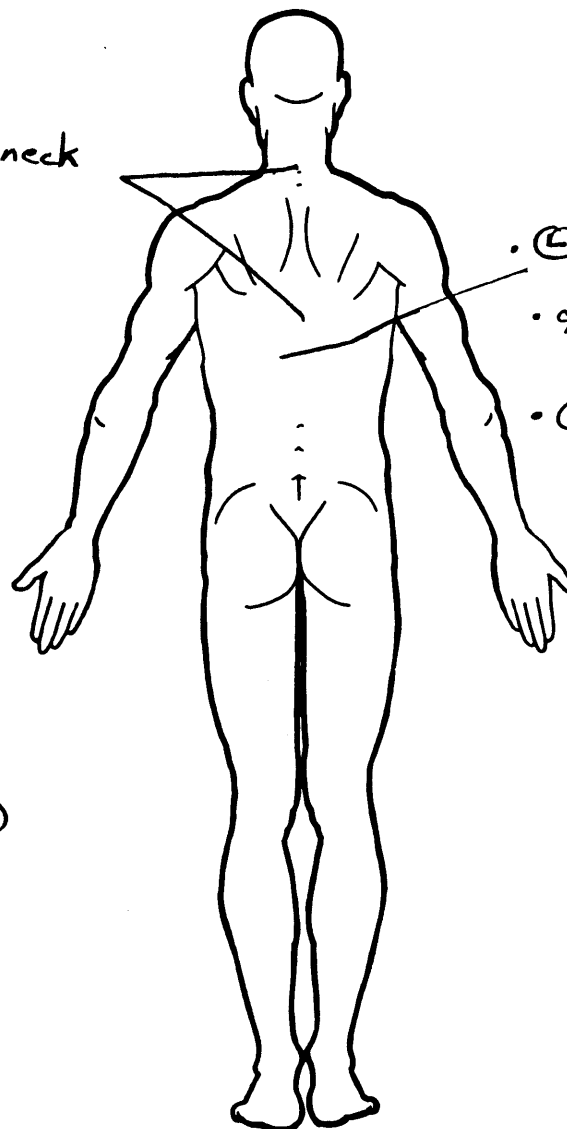
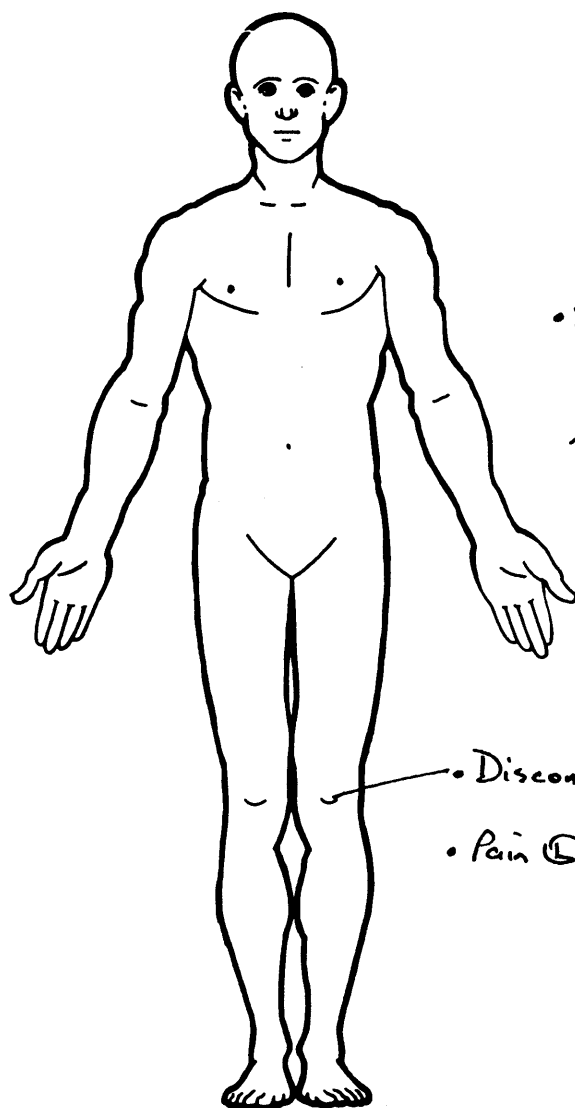
	Source of Injury Data	O.I.C.—A.I.S.				Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.	
		Body Region	Aspect	Lesion	System Organ					A.I.S. Severity
1st	5. <u>3</u>	6. <u>B</u>	7. <u>I</u>	8. <u>C</u>	9. <u>I</u>	10. <u>1</u>	11. <u>46</u>	12. <u>3</u>	13. <u>1</u>	14. <u>00</u>
2nd	15. <u>3</u>	16. <u>M</u>	17. <u>U</u>	18. <u>U</u>	19. <u>U</u>	20. <u>1</u>	21. <u>46</u>	22. <u>3</u>	23. <u>1</u>	24. <u>00</u>
3rd	25. <u>7</u>	26. <u>K</u>	27. <u>R</u>	28. <u>S</u>	29. <u>J</u>	30. <u>1</u>	31. <u>10</u>	32. <u>3</u>	33. <u>1</u>	34. <u>00</u>
4th	35. <u> </u>	36. <u> </u>	37. <u> </u>	38. <u> </u>	39. <u> </u>	40. <u> </u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>
5th	45. <u> </u>	46. <u> </u>	47. <u> </u>	48. <u> </u>	49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>
6th	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>
7th	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>
8th	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>	82. <u> </u>	83. <u> </u>	84. <u> </u>
9th	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>	93. <u> </u>	94. <u> </u>
10th	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>	104. <u> </u>

If greater than 10 injuries, code additional on Occupant Injury Data Supplement.

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

BEST AVAILABLE COPY

Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

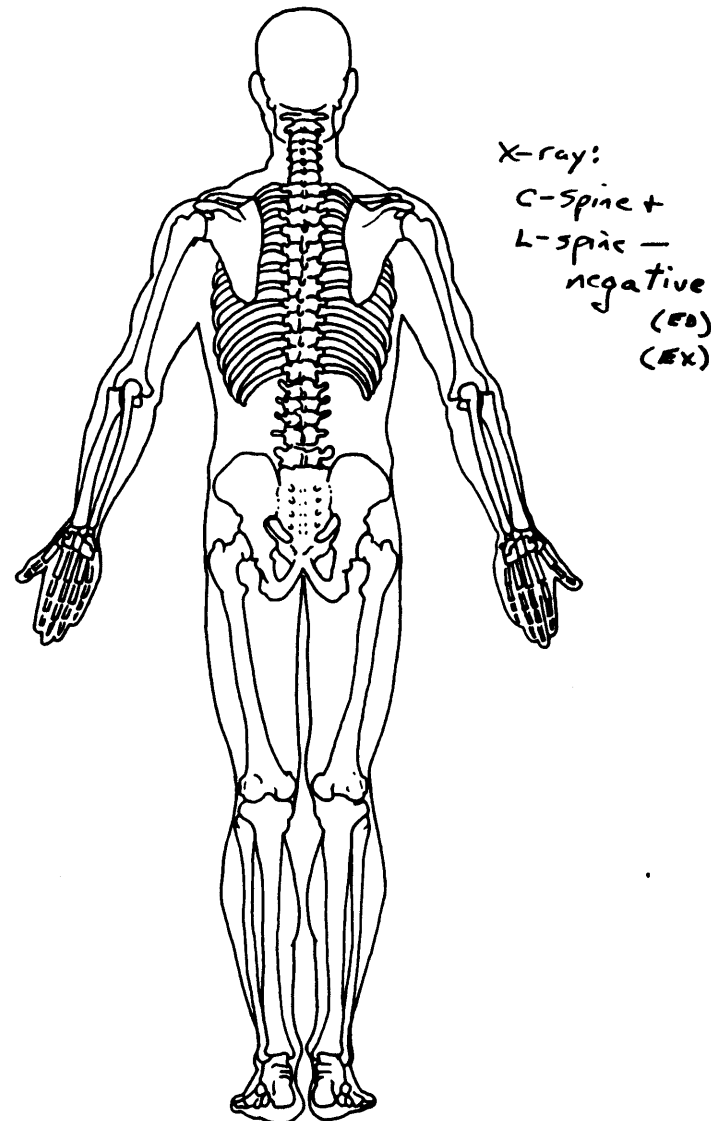
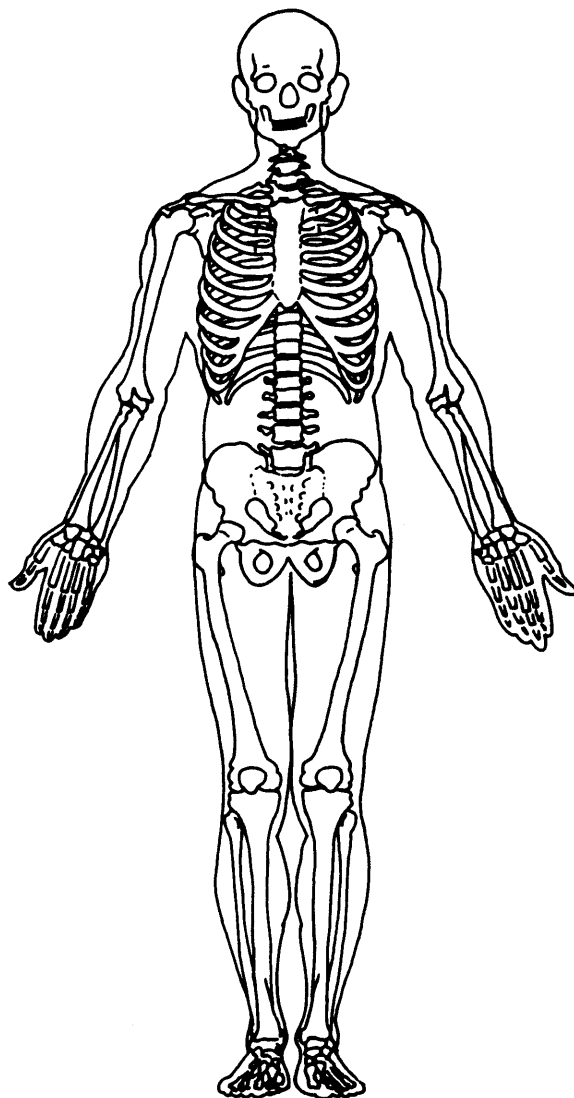


ETOH = .00 mg/dl

Urine Drug Screen: Only detected drug was Caffeine

OFFICIAL INJURY DATA – SKELETAL INJURIES

Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

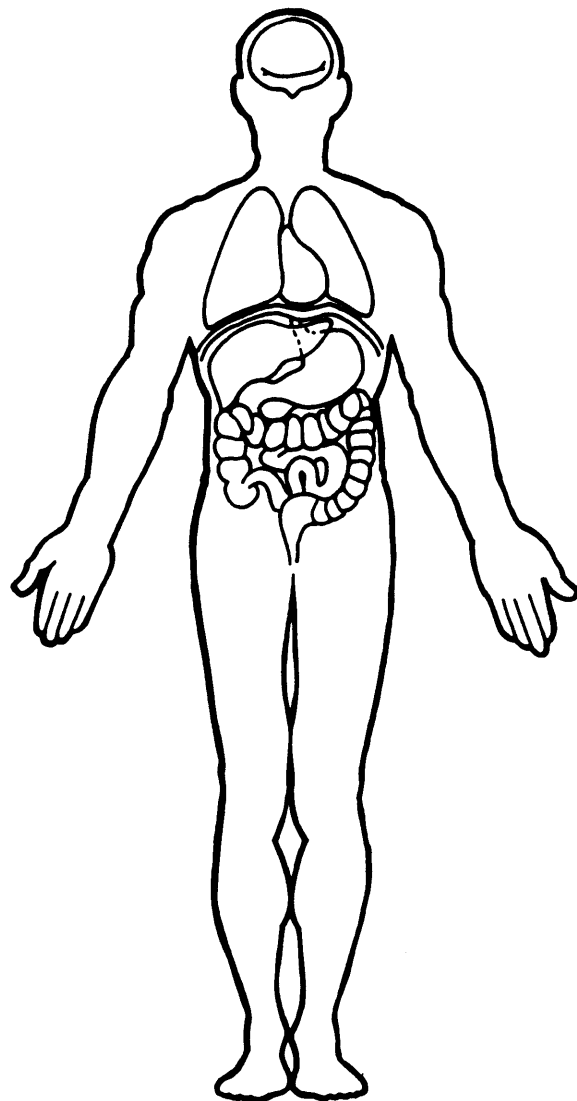


OFFICIAL INJURY DATA — INTERNAL INJURIES

BEST AVAILABLE COPY

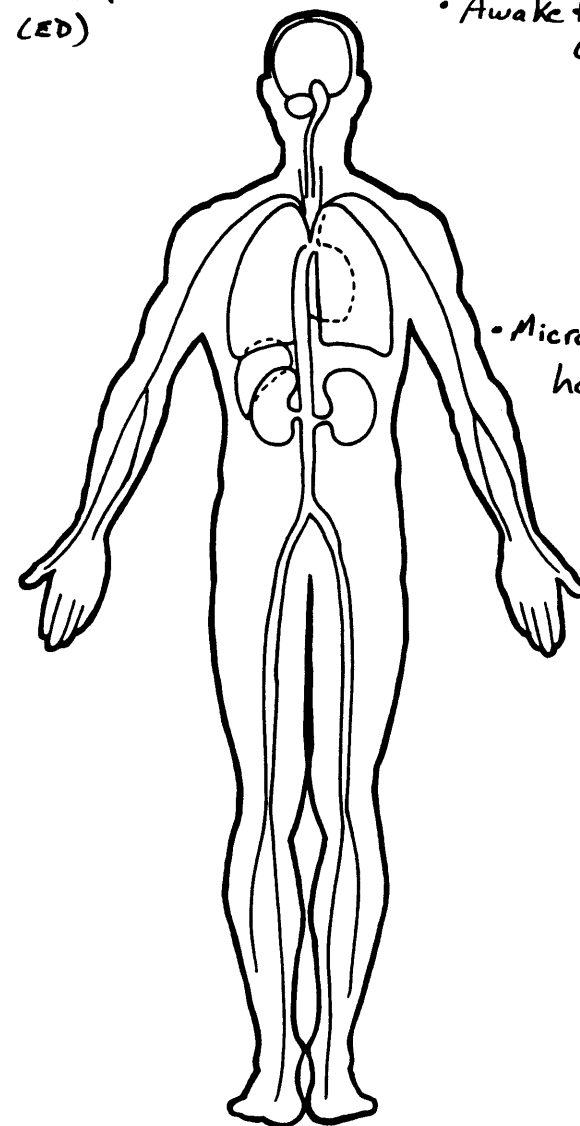
Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

• PERRLA, EOM I,
Fundi — OK
(ED)



• Denies LOC (EN)

• Awake + alert
(ET)



• Microscopic
hematuria
(Dx: ER)

ACCOUNT NO.		EMERGENCY ROOM CHART		REG. DATE / TIME		MED RECORD NO.											
TYPE PRE NO		DATE OF BIRTH		AGE		SEX M.S. RACE M.N. C.N. DIABETIC HT WT		PREV ADMIT DATE TIME		ARRIVED WITH W.C. ADMIT							
NAME AND ADDRESS		EMPLOYER / CHURCH		STATUS INS-EMP SD.													
NAME AND ADDRESS		EMPLOYER		STATUS INS-EMP													
NEAREST RELATIVE				COD													
INSURANCE																	
E.H. ROOM NO.		MODE OF ARRIVAL		LAST E.R. VISIT		TRIAGE TIME		FAMILY		PRESENTLY USED MEDICATIONS:							
TIME SEE		LTT		LMP													
43 WM in AA - hit car head-on. C/O back + neck pain - no other injuries																	
PE - PERL EOMV fundi OK																	
Moving all extremities - motor/sensory normal																	
L. CVA tenderness																	
Ambulatory - station/gait walk																	
CSPM 0 NY																	
LS spine - NY																	
winc - + blood																	
Tylenol #3																	
Rx Tylenol #3 #12																	
Followup -																	
Contusion to Back - Microscopic Hematuria																	
LENGTH		LOCATION		SIMPLE CLOSURE		LAYER CLOSURE		DEBRIDEMENT		EDGES REVISED OR UNDERMINED		FOREIGN MATERIAL REMOVED OR LIGATED		BLEEDERS LIGATED		NUMBER LACERATIONS	
EPOC PHYSICIAN		HOUSE STAFF		ATTENDING PHYSICIAN													

ROOM #

E.R. NURSING NOTES

MENTAL STATUS:

- ☒ oriented ☐ lethargic
☐ confused ☐ unresponsive

SKIN: ☐ Dry ☐ Moist

- ☐ Diaphoretic ☒ Warm ☐ Cool
☐ Cold ☐ Cyanotic ☒ Pink ☐ Pale

Allergies:

Visual Acuity: OD ²⁰/₂₀ OS ²⁰/₂₀ OU ²⁰/₂₀

Weight:

Chief Complaint:

Presently Used Medications:

LTT unsure

Time Temp BP P R

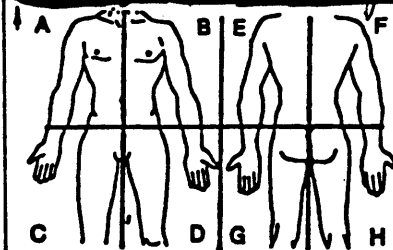
NURSE'S NOTES

11am 98° 140/80 96 28 Involved in auto accident driver & seatbelt on When ambulance arrived pt outside of vehicle C/o pain lower back pain denies LOC Scattered abrasions over face & both hands & arms, 10cm x 4cm laceration to (L) knee
 1230 10 x-ray
 1:15 Returned from x-ray
 4:15 UA obtained
 Family in bedside
 3:58 medicated c tylenol # 30 for c/o UA
 msa report collected to IN-House

SIGNATURES

Primary Nurse

- ☐ Code Sheet
☐ Trauma Sheet
☐ Transfer Sheet
☐ Instructions
☐ Clothing Sheet
☐ Neuro Sheet



TIME/SITE/INITIALS

MEDS

RESPONSE

3:58 to 3:58

Tylenol # 30

NAME: [REDACTED]
STREET: [REDACTED]
CITY: [REDACTED]
AGE: 43
FLOOR: ER
X-RAY NO.: [REDACTED]
DATE: [REDACTED]/90

DEPARTMENT OF RADIOLOGY

EXAMINATION: Lumbar Spine; Cervical Spine

[REDACTED] M.D.

cc: ER

REPORT OF RADIOLOGIC CONSULTATION

There is no evidence fracture, dislocation or abnormal soft tissue calcification. Minimal bony productive change is seen about the posterior elements of L5-S1. Mild anterior lipping is seen involving vertebral bodies L1 and L4.

IMPRESSION: 1. Minimal degenerative changes as described.

There is no fracture or dislocation involving the bones and joints of the cervical spine. The vertebral bodies, intervertebral disc spaces and posterior elements are intact. There are two small radiopaque densities adjacent to the inferior end plate, anteriorly vertebral body C6 and C5 respectively. These likely represent old degenerative avulsions. There is straightening of the normal lordosis.

IMPRESSION: 1. Minimal anterior degenerative changes at C5 and C6 as described.

[REDACTED] M.D.
[REDACTED]cm
[REDACTED]/90

***** SPECIAL CHEMISTRY *****

TEST UNITS RANGE

--THERAPEUTIC DRUGS & TOXICOLOGY--

DRUG SCREEN [REDACTED] 1150

Urine Drug Screen

Barbiturates (excluding Phenobarbital): None detected
 Phenobarbital: None detected Acetaminophen: None detected
 Urine Ethyl Alcohol: None detected Benzodiazepines: None detected
 Caffeine: DETECTED Nicotine: None detected
 Cocaine Metabolites: None detected Cannabinoids: None detected
 Ethinamate: None detected Strychnine: None detected
 Amitriptyline: None detected Methadone: None detected
 Nortriptyline: None detected Methaqualone: None detected
 Imipramine: None detected Quinine: None detected
 Doxepin: None detected Morphine: None detected
 Amphetamines: None detected Cocaine: None detected
 Methamphetamine: None detected Codeine: None detected
 Pseudoephedrine: None detected PCP: None detected
 Phenytoin: None detected Propoxyphene: None detected
 Glutethimide: None detected Meperidine: None detected
 Meprobamate: None detected
 Phenothiazine Metabolites: None detected

ALCOHOL LEGAL [REDACTED] The DIAGNOSTIC serum alcohol is 0 MG/DL or 0 % .

The results of the LEGAL whole blood alcohol are UNAVAILABLE through
 [REDACTED] or [REDACTED] Hospital.

LEGAL whole blood alcohol testing is performed and reported by the [REDACTED]
 [REDACTED] laboratory.

Witnessing police officer [REDACTED] OFFICER

Badge # [REDACTED] UNKNOWN

BARBITURATE SCRN NEGATIVE NEGATIVE

BARBITURATE SCRN..... A positive result indicates that the drug and metabolite are present at a
 level exceeding the suggested therapeutic range of barbiturate.

***** SPECIAL CHEMISTRY *****

TEST UNITS RANGE

--THERAPEUTIC DRUGS & TOXICOLOGY--

BENZODIAZ SCRN NEGATIVE NEGATIVE

BENZODIAZ SCRN..... A positive result indicates that the drug and metabolite are present at a
 level exceeding the suggested therapeutic range of benzodiazepine.

TRICYCLIC SCRN NEGATIVE NEGATIVE

TRICYCLIC SCRN..... A positive result indicates that the drug and metabolite are present at a
 level that exceeds the suggested therapeutic range for tricyclics.

MEDICATION AND TREATMENT RECORD

<input type="checkbox"/> ADVANCE LIFE SUPPORT		<input checked="" type="checkbox"/> BASIC LIFE SUPPORT		<input type="checkbox"/> TRANSFER	
DATE	TIME	UNIT	DISCHARGE	10-23 TIME	10-23 HOSP
190	1055		47	1106	1133
PATIENT	NAME	ADDRESS	AGE	SEX	CONTROL NO
			43	M	
GFD, OCPD, ISP, Med 31					
CHIEF					

COMPLAIN	LOCATION OF CALL	CONDITION ON ARRIVAL
Injury 1050 PZ		Awake & alert

VITAL SIGNS	CALL ORDERED BY	DELIVERED TO	EKG MONITOR	LEAD II	SEE ATTACHED EKG SHEET
TIME					
B/P	110/50	/	/	/	/
PULSE	120				
RESP	20				
O2					
<input type="checkbox"/> ROOM AIR	<input type="checkbox"/> CANNULA	<input type="checkbox"/> SIMPLE MASK	<input type="checkbox"/> NON-REBREATH	<input type="checkbox"/> E-TUBE	<input type="checkbox"/> AMBU
<input type="checkbox"/> O.P. AIRWAY	L/M	L/M	L/M	MM	L/M

IV FLUIDS	SITE LOCATION	AMOUNT HUNG	RATE	MEDICATIONS	DOSE	ROUTE	TIME	TIME	TIME	TOTAL DOSE
		CC								
		CC								
		CC								
		CC								
MIXED IV:		CC								
TOTAL FLUID GIVEN:		CC'S								

EYES	OPEN	SPONTANEOUSLY TO VERBAL COMMAND TO PAIN	PUPILS	R	DILATED	LEFT	APPEARANCE	BREATHING
	NO RESPONSE			R	NORMAL	LEFT	SKIN TEMP:	
BEST MOTOR RESPONSE	TO VERBAL COMMAND	OBEYS	TIME	G	CONSTRUCTED	LEFT	SKIN TEMP:	
	TO PAINFUL STIMULUS	LOCALIZES PAIN		H	NON-REACTIVE	LEFT	SKIN TEMP:	
		FLEXION-WITHDRAWAL		T	CATARACT/SURG	LEFT	SKIN TEMP:	
		EXTENSION			BLIND	LEFT	SKIN TEMP:	
BEST VERBAL RESPONSE	NO RESPONSE		TIME	R	DILATED	LEFT	COLOR:	BREATH SOUNDS:
	ORIENTED & CONVERSES			I	NORMAL	LEFT	COLOR:	
	DISORIENTED & CONVERSES			G	CONSTRUCTED	LEFT	COLOR:	
	INAPPROPRIATE WORDS			H	NON-REACTIVE	LEFT	COLOR:	
	INCOMPREHENSIBLE SOUNDS			T	CATARACT/SURG	LEFT	COLOR:	
TOTAL							ALLERGIES	
CURRENT MEDICATIONS							NONE	
							FAMILY PHYSICIAN	

PATIENT HISTORY	<input type="checkbox"/> MIA SHD	<input type="checkbox"/> CVA	<input type="checkbox"/> COPD	<input type="checkbox"/> DIABETIC	<input type="checkbox"/> KIDNEY DISEASE	<input type="checkbox"/> CA	<input type="checkbox"/> O.B.S	<input type="checkbox"/> SEE COMMENTS
	<input type="checkbox"/> CHF	<input type="checkbox"/> HYPERTENSION	<input type="checkbox"/> ASTHMA	<input type="checkbox"/> SEIZURES	<input type="checkbox"/> LIVER DISEASE	<input type="checkbox"/> ETOH	<input type="checkbox"/> OTHER	

White 43 year Old Male, 1050 PZ
 Go to back pain. Pain in RT lower back.
 It was able to get out on his own. It was found
 On long - C-Section, 1/5 was taking, RT had
 neurologic small cuts, from glass, pins, broken
 up glass. It was transported to [redacted] 1050
 1050 - RT was able to converse with
 medical.



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9003
3. Vehicle Number 01
4. Occupant Number 02

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 33
Code actual age at time of accident.
(00) Less than one year old (specify by month): _____
(97) 97 years and older
(99) Unknown
6. Occupant's Sex 2
(1) Male
(2) Female
(9) Unknown
7. Occupant's Height 67
Code actual height to the nearest inch.
(99) Unknown
8. Occupant's Weight 120
Code actual weight to the nearest pound.
(999) Unknown
9. Occupant's Role 2
(1) Driver
(2) Passenger
(9) Unknown
10. Occupant's Seat Position 13
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify): _____
Second Seat
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify): _____
Third Seat
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify): _____
Fourth Seat
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify): _____
(97) In or on unenclosed area
(98) Other seat (specify): _____
(99) Unknown

11. Occupant's Posture 1
(0) Normal posture
(1) Abnormal posture (specify): _____
(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection 0
(0) No ejection
(1) Complete ejection
(2) Partial ejection
(3) Ejection, unknown degree
(9) Unknown
13. Ejection Area 0
(0) No ejection
(1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear
(7) Roof
(8) Other area (e.g., back of pickup, etc.)
(specify): _____
(9) Unknown
14. Ejection Medium 1
(0) No ejection
(1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify): _____
(5) Integral structure
(8) Other medium (specify): _____
(9) Unknown
15. Medium Status (Immediately Prior to Impact) 0
(0) No ejection
(1) Open
(2) Closed
(3) Integral structure
(9) Unknown
16. Entrapment 0
(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)
(0) Not entrapped
(1) Entrapped
(9) Unknown

RESTRAINT SYSTEM AND SEAT EVALUATION**17. Manual (Active) Belt System Availability** 4

- (0) Not available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown
- (8) Other belt (specify): _____

(9) Unknown

18. Manual (Active) Belt System Use 00

- (00) None used, not available, or belt removed/destroyed

(01) Inoperative (specify): _____

(02) Shoulder belt

(03) Lap belt

(04) Lap and shoulder belt

(05) Belt used - type unknown

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat - type unknown

(18) Other belt used with child safety seat

(specify): _____

(99) Unknown if belt used

19. Proper Use of Manual (Active) Belts 0

- (0) None used or not available

(1) Belt used properly

(2) Belt used properly with child safety seat

Belt Used Improperly

(3) Shoulder belt worn under arm

(4) Shoulder belt worn behind back or seat

(5) Belt worn around more than one person

(6) Lap belt worn on abdomen

(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown

21. Automatic (Passive) Restraint System Availability 0

- (0) Not equipped/not available
- (1) Airbag
- (2) Airbag disconnected (specify): _____

(3) Airbag not reinstalled

(4) 2 point automatic belts

(5) 3 point automatic belts

(6) Automatic belts destroyed or rendered inoperative

(9) Unknown

22. Automatic (Passive) Restraint Function 0

- (0) Not equipped/not available

Automatic Belt

(1) Automatic belt in use

(2) Automatic belt not in use

(3) Automatic belt use unknown

Air Bag

(4) Airbag deployed during accident

(5) Airbag deployed inadvertently just prior to accident

(6) Deployed, accident sequence undetermined

(7) Nondeployed

(8) Unknown if deployed

(9) Unknown

23. Did Automatic (Passive) Restraint Fail? 0

- (0) Not equipped/not available

(1) No

(2) Yes (specify): _____

(9) Unknown

24. Police Reported Restraint Use 0

- (0) None used

(1) Police did not indicate restraint use

(2) Shoulder belt

(3) Lap belt

(4) Lap and shoulder belt

(5) Belt used, type not specified

(6) Child safety seat

(7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown

(9) Police indicated "unknown"

25. Head Restraint Type/Damage by Occupant at This Occupant Position 3

- (0) No head restraints

(1) Integral - no damage

(2) Integral - damaged during accident

(3) Adjustable - no damage

(4) Adjustable - damaged during accident

(5) Add-on - no damage

(6) Add-on - damaged during accident

(8) Other (specify): _____

(9) Unknown

National Accident Sampling System – Crashworthiness Data System: Occupant Assessment Form

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26. Seat Type (This Occupant Position) 06

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., van type)
- (09) Other seat type (specify):

(99) Unknown

27. Seat Performance (This Occupant Position) 6

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks failed
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):

- seat back deformed/rearward
 - seat cushion deformed fwd.

(7) Combination of above (specify):

(8) Other (specify):

(9) Unknown

CHILD SAFETY SEAT**28. Child Safety Seat Make/Model** 000

(000) No child safety seat

Applicable codes are found in your NASS CDS Data Collection, Coding, and Editing Manual

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat 0

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation 00

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify):

(09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation for This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 00**32. Child Safety Seat Shield Usage** 00**33. Child Safety Seat Tether Usage** 00

Note: Options below applicable to Variables OA31-OA33.

(00) No child safety seat

Not Designed with

Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed with Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed with Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

National Accident Sampling System - Crashworthiness Data System: Occupant Assessment Form

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INJURY CONSEQUENCES**34. Injury Severity (Police Rating)** 4

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 1

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease
- Nonfatal
- (3) Hospitalized
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify): _____
- (9) Unknown

36. Type of Medical Facility (for Initial Treatment) 1

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify): _____
- (9) Unknown

37. Hospital stay 00

- _____ Code number of days (up through 60) that the occupant stayed in the hospital
- (00) Not hospitalized
 - (61) 61 days or more
 - (99) Unknown

38. Working Days Lost 62

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
 - (61) 61 days or more
 - (62) Fatally injured
 - (97) Not working prior to accident
 - (99) Unknown

39. Time to Death 01

- _____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
 - (96) Fatal - ruled disease
 - (99) Unknown

40. 1st Medically Reported Cause of Death 06**41. 2nd Medically Reported Cause of Death** 03**42. 3rd Medically Reported Cause of Death** 02

- _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
 - (97) Other result (specify): _____
 - (99) Unknown

43. Number of Recorded Injuries for This Occupant 06

- 6 Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
 - (97) Injured, details unknown
 - (99) Unknown if injured

UPDATE CANDIDATE

NO [☒]

YES []

*** STOP HERE ***

IF THERE ARE NO RECORDED INJURIES

(I.E., OA43=00, 97, 99)



U.S. Department of Transportation
National Highway Traffic Safety
Administration

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT INJURY FORM

1. Primary Sampling Unit Number 10 3. Vehicle Number 01
2. Case Number - Stratum 9003 4. Occupant Number 02

INJURY DATA

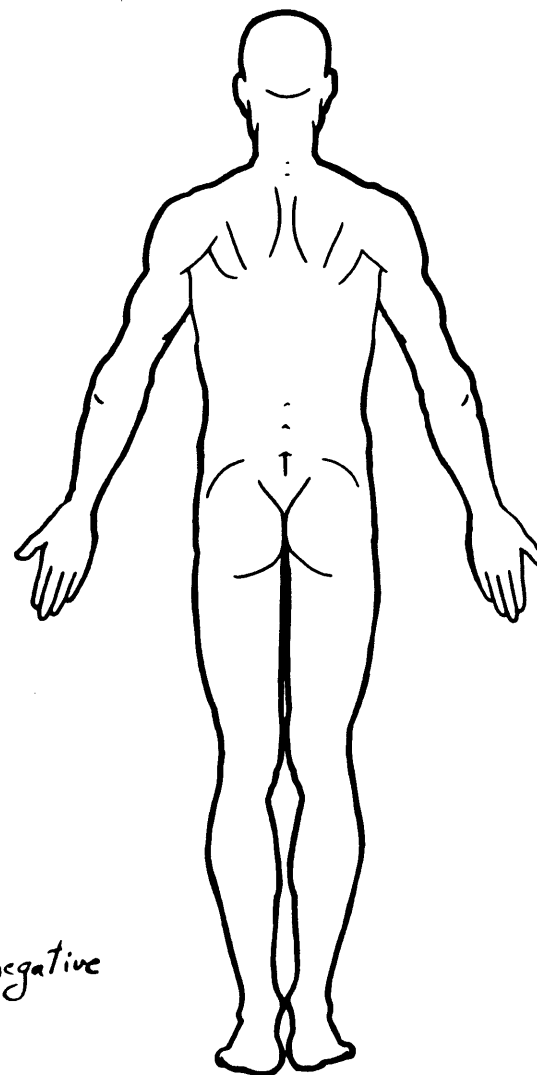
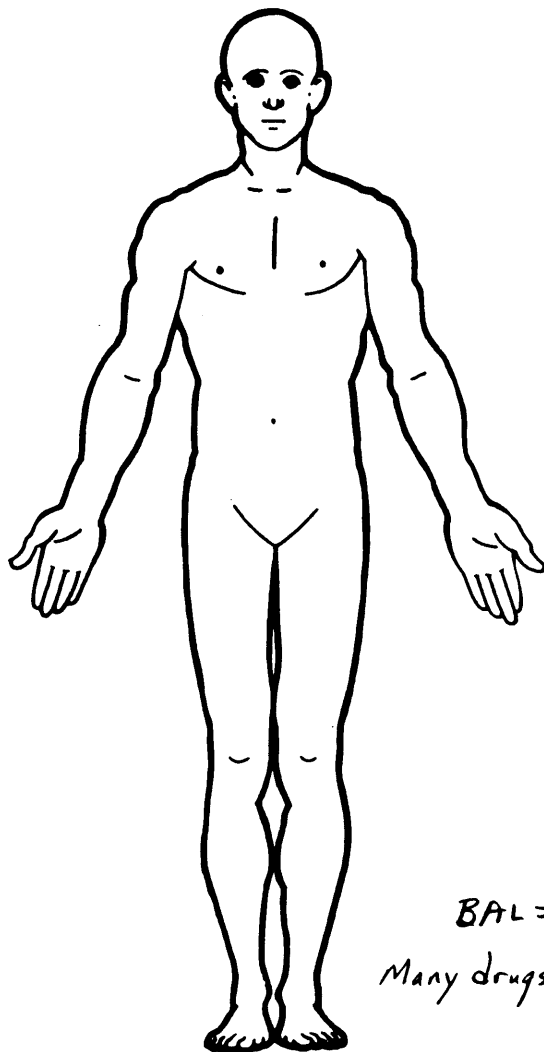
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
1st	5. <u>1</u>	6. <u>N</u>	7. <u>P</u>	8. <u>Z</u>	9. <u>V</u>	10. <u>2</u>	11. <u>53</u>	12. <u>1</u>	13. <u>1</u>	14. <u>02</u>
2nd	15. <u>1</u>	16. <u>C</u>	17. <u>R</u>	18. <u>F</u>	19. <u>S</u>	20. <u>4</u>	21. <u>30</u>	22. <u>1</u>	23. <u>1</u>	24. <u>01</u>
3rd	25. <u>1</u>	26. <u>C</u>	27. <u>R</u>	28. <u>L</u>	29. <u>P</u>	30. <u>3</u>	31. <u>30</u>	32. <u>1</u>	33. <u>1</u>	34. <u>01</u>
4th	35. <u>1</u>	36. <u>M</u>	37. <u>R</u>	38. <u>L</u>	39. <u>L</u>	40. <u>2</u>	41. <u>30</u>	42. <u>1</u>	43. <u>1</u>	44. <u>01</u>
5th	45. <u>1</u>	46. <u>M</u>	47. <u>L</u>	48. <u>L</u>	49. <u>Q</u>	50. <u>2</u>	51. <u>30</u>	52. <u>2</u>	53. <u>1</u>	54. <u>01</u>
6th	55. <u>1</u>	56. <u>M</u>	57. <u>C</u>	58. <u>L</u>	59. <u>A</u>	60. <u>4</u>	61. <u>30</u>	62. <u>1</u>	63. <u>1</u>	64. <u>01</u>
7th	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>
8th	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>	82. <u> </u>	83. <u> </u>	84. <u> </u>
9th	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>	93. <u> </u>	94. <u> </u>
10th	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>	104. <u> </u>

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Autopsy**Dead at Scene**

Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

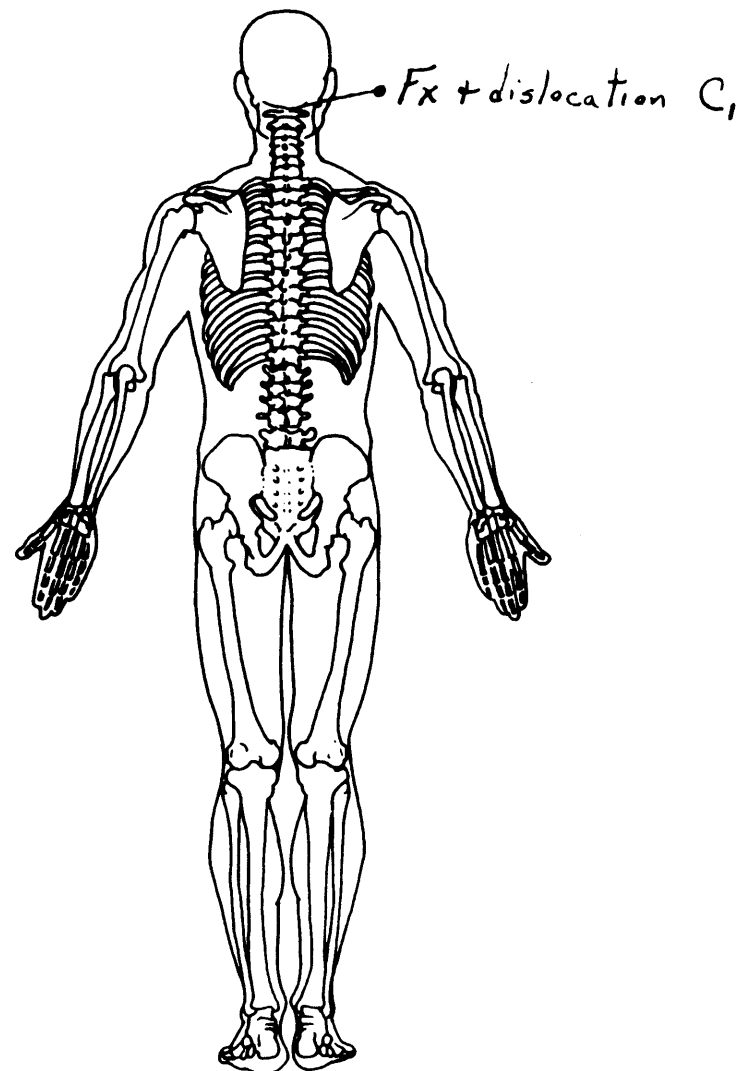
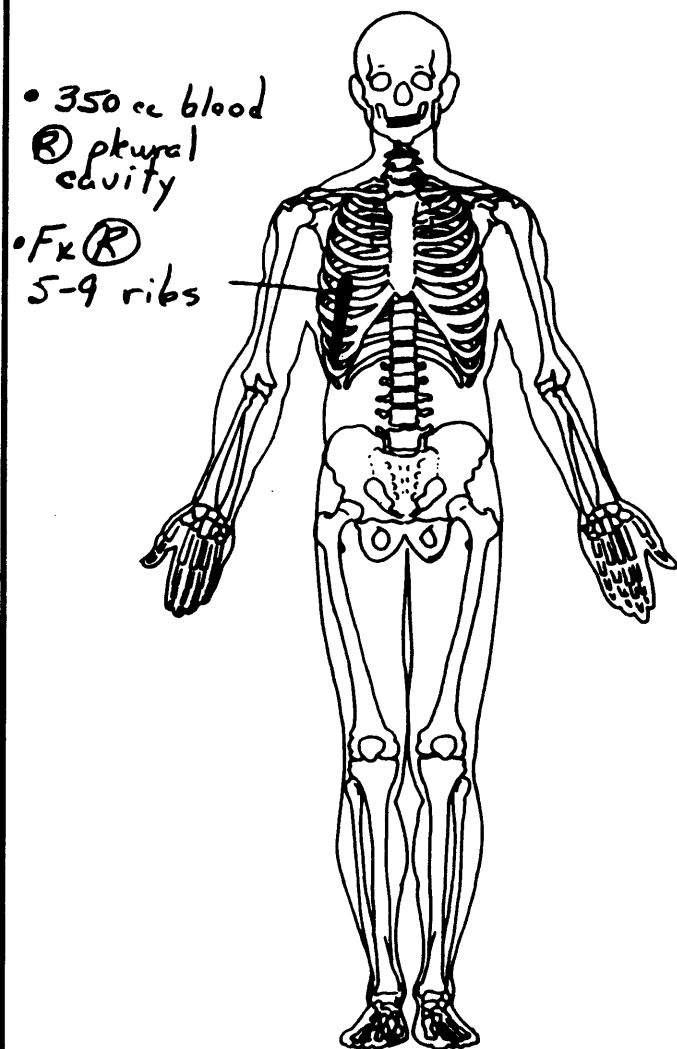


BAL = .00 ng/dl
 Many drugs Tested – all negative

Cause of Death: exsanguination and 2° laceration @ lung, Liver, spleen, + abdominal aorta

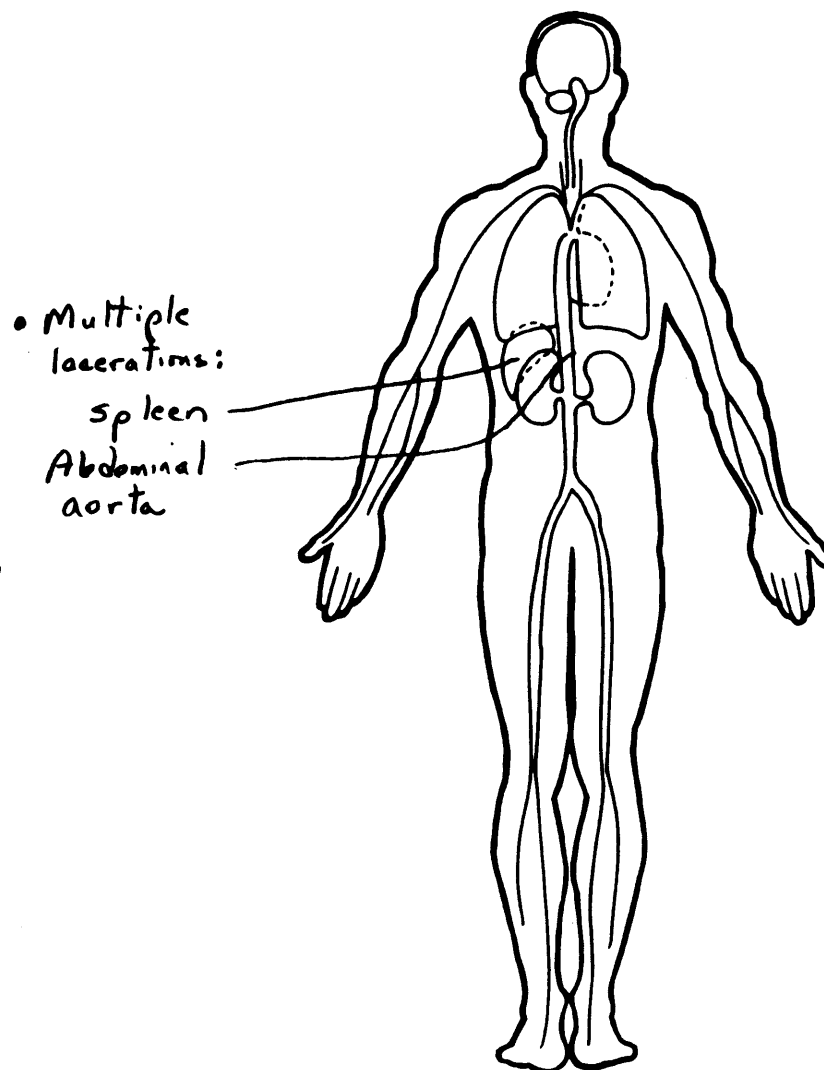
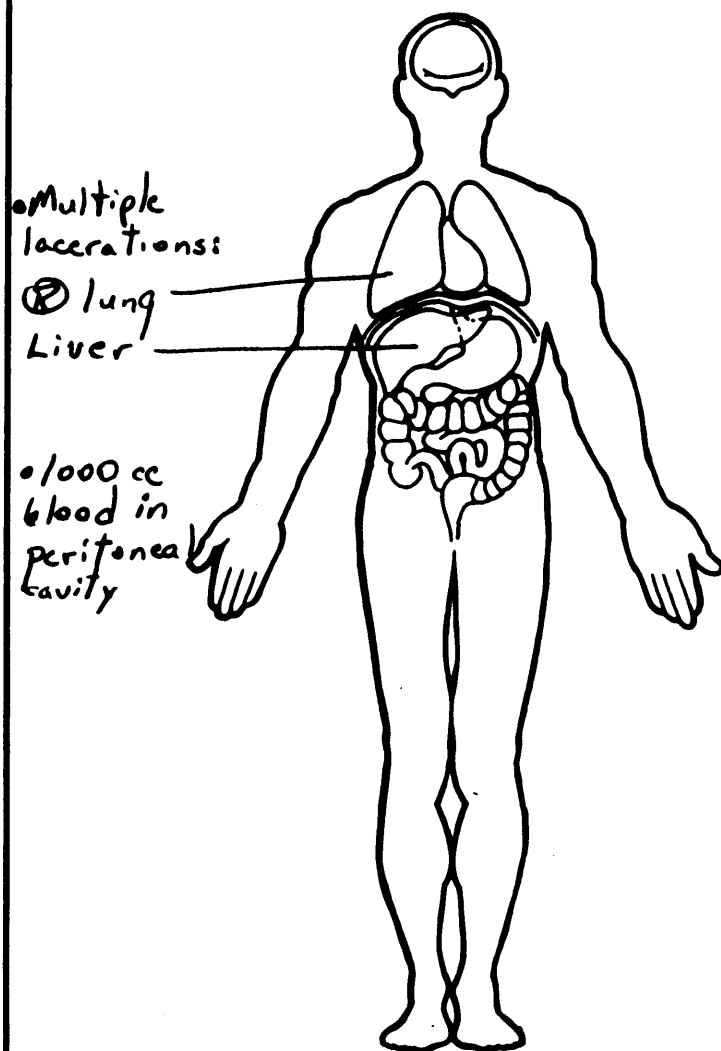
OFFICIAL INJURY DATA – SKELETAL INJURIES

Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



Department of Pathology

[REDACTED] HOSPITAL
[REDACTED], Indiana

Preliminary Autopsy Report

Name: [REDACTED]
Sex: FemaleHospital: # [REDACTED]
Age: 33Autopsy: # [REDACTED]
Date: [REDACTED]Date of Death: [REDACTED]-90
Date of Autopsy: [REDACTED]-90Hour: [REDACTED]
Hour: [REDACTED]

Performed by: [REDACTED] M.D.

Copies to: Coroner

Death Certificate signed as follows:

Immediate Cause of Death: Exsanguination

Due To: Laceration of right lung, liver, spleen, and abdominal
aorta

Due To: Car accident

Other Conditions: Fracture of right fifth to ninth ribs; fracture and
dislocation of first cervical vertebraThe following is a summary of the pertinent gross findings. A complete report will be
sent to you at the completion of our studies.**SUMMARY:**The autopsy is performed on the unembalmed body of a 33 year old white female iden-
tified by the Coroner as [REDACTED]. The autopsy is authorized by the [REDACTED]
Coroner, [REDACTED] and is unrestricted.The findings related to the immediate cause of death are exsanguination secondary
to multiple lacerations of the right lung, liver, spleen, and abdominal aorta. There
are 350 cc. of bloody fluid in the right pleural cavity and 1000 cc. of bloody fluid in
the peritoneal cavity. Fracture and dislocation of the right fifth to ninth ribs and
the first cervical vertebra are noted.In summary, the immediate cause of death is due to exsanguination and secondary to
laceration of the right lung, liver, spleen, and abdominal aorta.

[REDACTED]

[REDACTED]
[REDACTED] M.D.
Resident[REDACTED]
[REDACTED] M.D.
Pathologist

SPECIAL CHEMISTRY

TEST

UNITS RANGE

THERAPEUTIC DRUGS & TOXICOLOGY

DRUG SCREEN

Blood/Serum Drug Screen

Phenobarbital: None detected	
Barbiturates excluding Phenobarbital: None detected	
Caffeine: DETECTED	Nicotine: None detected
Acetaminophen: None detected	
Ethinamate: None detected	Strychnine: None detected
Phenothiazine Metabolite: None detected	
Amitriptyline: None detected	Methadone: None detected
Nortriptyline: None detected	Methaqualone: None detected
Imipramine: None detected	Quinine: None detected
Doxepin: None detected	Morphine: None detected
Amphetamines: None detected	Cocaine: None detected
Methamphetamine: None detected	Codeine: None detected
Pseudoephedrine: None detected	PCP: None detected
Phenytoin: None detected	Propoxyphene: None detected
Glutethimide: None detected	Meperidine: None detected
Benzodiazepines: None detected	Meperbamate: None detected

SERUM ALCOHOL = 0.0 MG/DL OR 0.000%